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THE

# Indiana Journal of Medicine.

Edited by

THAD. M. STEVENS, M. D.

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GUIDO BELL, M. D., ASSOCIATE EDITOR.

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# INDIANA JOURNAL OF MEDICINE.

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VOL. II.

MAY, 1871.

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No. 1.

## Original Communications.

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### ADDRESS OF PROF. DOUGAN CLARK.

DELIVERED BEFORE THE GRADUATING CLASS INDIANA MEDICAL  
COLLEGE, 1871.

If my colleagues, in selecting me to address you on the present occasion, have done me an honor and a pleasure, they have also imposed upon me a responsibility and a task. To give you the parting hand on behalf of the faculty, to present you our united congratulations for the success which has thus far crowned your efforts in the pursuit of science, and our united wishes for your future prosperity and usefulness, is certainly no unpleasant duty; and yet even this pleasure has a mingling of sadness, not to say regret, caused by the thought that the relation, uniformly agreeable on our part, which has bound us together as pupils and teachers for months past, is now to be sundered. But to take upon myself the office of counsellor to men like yourselves, to assume in any sense to offer you my guidance, to point out errors to be avoided, and opportunities to be embraced, and achievements to be executed, would certainly savor



"If," says he, "we look into the profession of physic, we shall find a most formidable body of men. The sight of them is enough to make a man serious, for we may lay it down as a maxim that when a nation abounds in physicians it grows thin of people." (Query: What is to become of our unhappy country, which, according to the late census, has 74,000 doctors?) "Sir William Temple," he continues, "is very much puzzled to find out a reason why the Northern Hive, as he calls it, does not send out such prodigious swarms and overrun the world with Goths and Vandals as it did formerly; but had that excellent author observed that there were no students in physic among the subjects of Thor and Woden, and that this science very much flourishes in the North at present, he might have found a better solution of this difficulty than any of those he has made use of. This body of men in our own country, (England,) may be described like the British army in Cæsar's time. Some of them slay in chariots and some on foot. If the infantry do less execution than the charioteers, it is because they cannot be carried so soon into all quarters of the town and despatch so much business in so short a time. Besides this body of regular troops, there are stragglers who, without being duly listed and enrolled, do infinite mischief to those who are so unlucky as to fall into their hands. There are besides the above-mentioned, innumerable retainers to physic, who for want of other patients, amuse themselves with the stifling of cats in an air-pump, cutting up dogs alive, impaling of insects upon the point of a needle for microscopical observations, besides those that are employed in the gathering of weeds and the chasing of butterflies, not to mention the cockle-shell merchants and spider-catchers."

But, gentlemen, enough of this; you will be fortunate, indeed, if you have nothing worse to contend with than the ridicule and sarcasm of either truly wise and good men like Addison, or the would-be wits and wags of vil-



large bar-rooms or country post-offices. Aim high, work hard; be faithful to your duties, and especially to your patients. Bring to bear for the diagnosis and cure of diseases, all the knowledge which industrious medical research, ancient and modern, has placed within your reach, quietly mind your own business, and you will speedily disarm a world of ridicule and of opposition if such you have to encounter.

There at all times prevails in the minds of the community much ignorance in regard to the true character of the medical profession. Whilst we as physicians recognize but one such profession, other people persist in dividing those who profess to practice physic, into different classes which they call schools; as the Homœopathic, the Eclectic, the Botanic, the Physio-medical, the Hydro-pathic school, and all with one consent call the members of our profession "*old school*" physicians, or perchance, they adopt a soubriquet given us in derision by our enemies, and founded upon a falsehood and a slander, styling us "*Allopathic*" physicians. Now if it be asked "what's in a name?" we answer there is much in names like these to influence unthinking minds. If the Homœopathist can convince his patrons or ours that like cures like, as the name implies, he secures at once their confidence and support. The Eclectic holds forth in his very title the spurious pretence of selecting the good out of all medical systems and rejecting the evil, without any regard to the fact of which both himself and the community are ignorant that there is but one medical system. The Botanic at once seizes upon the prejudices of minds who believe medicines derived from the mineral kingdom to be poisonous, and cares nothing about the undoubted fact that the most violent poisons known to chemists are vegetable productions. The Physio-medical practitioner in his very name holds out the idea of treating diseases according to nature, and so of the rest. Now, whilst these names are used as traps to catch

the unwary, the term "old school" is applied to real physicians, as if they cling so tenaciously to the past and its teachings, that no progress has been made in the science and art of medicine, as learned and practiced by us since the earliest ages of the world. An irregular practitioner in my own neighborhood, informed some of the people that there was no difference between my practice and that of physicians three thousand years ago, while his forsooth, had the advantage of all the modern improvements.

Now, for the ignorance alluded to in reference to the medical profession, that profession, itself, is in part responsible. Dr. Haven, in an address before the graduating class of the University of Michigan, a few years since, used the following language, and affirmed that he spoke from abundant observation, viz.:

"It is my conviction that one great reason why ignorant pretenders to skill in the healing art are so powerful in America and Great Britain, is because regular physicians hold themselves and their science so far from the common understanding. There is no profession about which the general community know so little, and consequently upon which so many and so great errors prevail. Do you suppose," he continues, "that if those ministers of religion who, bribed by a bottle of bitters or box of pills, append their names to a recommendation of these unknown mixtures, knew that they were thereby insulting a great profession, who have too much regard for human welfare, and too high a sense of honor ever to approve a secret medicine, they would do it? No. The fact is, that not one minister in ten in the country knows that there is an organized American Medical Association, and still less does he know anything about this code of ethics voluntarily assumed and rigidly obeyed. If men of the other learned professions do not know it, what of the community generally?"

Now, gentlemen, I believe that these observations con-

vey an important truth. And why, I ask, under these circumstances would it not be proper and right for state and county medical societies, or individual physicians, to see that this very code of ethics in a summary of its principal provisions, be published from time to time in the newspapers and periodicals of the country, or brought in some other way before the notice of the public.

Would not an intelligent community have a higher and juster appreciation of our profession if they understood that we are governed by a system of laws which, though by no means perfect, yet contain so many excellencies as to command the admiration of every candid mind? Would they think less of us when they should ascertain that we prohibit our members from using those flaming advertisements of medical skill, those promises to insure a cure, that parading before the world of cases successfully treated, and those disgusting references to nameless diseases which disgrace the columns of too many periodicals, religious and secular. Would they think less of our liberality when they should learn that we do not permit a patent to be taken out upon any medical preparation or surgical instrument, for the simple reason that, if such preparation or instrument be of real utility it is not in accordance with the liberal spirit of our profession to confine its benefits to the inventor and his patients, while if it be not of real utility, the patent is only a means of giving currency and strength to imposture? My word for it; if they knew all these things, if they knew that there is no such thing as an "allopathic" physician, nor an "old school" physician, the terms being given as a nick-name and a reproach, and if they knew what an immense amount of intelligent mind is being expended upon the investigation of medical truth; if they knew how many conscientious men in the laboratory and studio, in hospital and almshouse, in medical college and dissecting-room, in garret



and cellar, in filthy den and crowded prisons, on board of infected ships, and in the deadly atmosphere of pest-houses, wherever poor, out-cast, destitute men, women and children are suffering and dying, often without fee and without reward, are devoting their lives amid risk and peril, to its education; if they knew how many volumes of the most practical and valuable, and withal, expensive medical literature, are constantly issuing from the press, all for the instruction of the profession and for increasing their efficiency as guardians of the public health, they would both respect physicians more than they now do, and be less willing than at present to trust their own lives and those of their families in the hands of irresponsible and incompetent pretenders.

I say, then, to you, my young fellow-physicians, to let your light shine! Do not fear to enlighten the public, on the ground that they may discover some weaknesses among ourselves. Speak, and write, and act for the honor of the profession before men, whenever it is needful, and do not suppose that in so doing you will in all cases be either compromising your own dignity, or "casting pearls before swine." Place yourselves before the world as physicians, and do not permit any "pathy" to be attached to your name, at least with your consent. On proper occasions and before intelligent laymen, let it be known that every so-called pathy is founded upon some exclusive dogma, and that to its votaries and not to you belongs the stigma, if such there be, of illiberality and narrow-mindedness. Show to your fellow-citizens, if need be, that whilst as a profession we recognize our obligations to the wise men of former ages, whilst we revere the memory of Hippocrates and Galen, as well as hundreds of names that adorn our annals before and since the revival of letters, and though we are painfully conscious that much remains to be done, yet we claim that neither chemistry, nor geology, nor botany, nor political economy, nor metaphysics, nor linguistics, nor



any science not claiming to be exact, has been signalized by greater discoveries, or is advancing with more rapid strides than the science of medicine, and the same may be said of the art. New pharmaceutical preparations and surgical appliances are constantly coming into notice. Important investigations are going forward in physiology, pathology and therapeutics, while diagnosis which half a century ago depended almost solely upon the eye and hand, is now aided not only by the test-tube, the thermometer, and by anæsthetics, but also by the stethoscope, the microscope, the laryngoscope, the ophthalmoscope, the otoscope, the endoscope, the speculum, the hæmadynameter, the sphygmograph, and various other instruments and means. Instrumental diagnosis and instrumental therapeutics have become a study in themselves.

So great, indeed, has been the progress of medicine, that the field is felt to be too wide for any one mind to occupy, and the subject of securing a division of labor by the recognition and practice of medical specialties is constantly forcing itself on the attention of the profession. Dentistry has long since become a distinct branch of the healing art. Ophthalmic and aural surgery seem to be gradually assuming a similar position, and it is not improbable that in the advance of medicine, still more division will be needful. It is only a minority of our profession who possess the natural genius, the tact, the nerve, and the acquired skill which are necessary to constitute an excellent surgeon. When an individual has won his way to this, there should be no hesitation on the part of those less skilled, in making over serious surgical cases to him, while on the other hand he should devote himself principally to surgery, and make over difficult cases in other departments to those better qualified than himself to treat such cases. Thus there would be a constant interchange of good offices, and the patients would have the benefit of the best skill. And

yet this division principle should not be carried too far. Physicians are not usually dentists, and yet those practicing in the country should know how to extract teeth. A certain foundation of the science and art of medicine, should be laid by all; and perhaps a full course of instruction as now given in our best medical colleges, with the necessary preparatory study constitutes about the requisite foundation. If after engaging in practice each individual should turn his attention more particularly to one department, whilst at the same time he takes care to be at least moderately versed in all, and if every feeling of selfishness, pride, jealousy and false delicacy could be laid aside, so that there should be no more hesitancy in referring a patient to one who excels in any particular branch of the healing art than we now feel in recommending one whose teeth need attention to a dentist, I think both the world and the profession would be the gainers. These views, however, are only theoretical, and might not be found to work well in practice. At any rate the profession is not yet ready to adopt them. I throw them out for your future consideration.

Let the world know, then, that we are progressing. Let them know, too, that there is nothing in your creed that will exclude you from the use of any remedial agency that enlightened experience has shown to be useful in disease. If, in any instance, it has been shown that like cures like, use the like. If it has been shown that contraries cure contraries, you can use contraries. If it has been shown that things neither like nor contrary will cure, you can use things that are neither like nor contrary. Every mineral hidden in the bowels of the earth is yours; every tree and every plant of the fields, and the woods, and the hillsides is yours; every preparation of the chemist and of the pharmacist is yours; every element and every agency of nature is yours: earth, air, fire, water, heat, light, electricity, galvanism, magnetism. For you the poppy, with its

white flower and letheau juice, is growing in the dominions of the Sultan ; for you the musk-ox is wandering in the mountainous regions of Siberia and Thibet ; for you the cinchona is towering upon the summit of the Andes ; for you the iron is being digged out of the hills of Pennsylvania ; for you are the turpentine of the South, the fetid gums of the East, and the fragrant aromatics of tropical climes ; for you, also, are the deadly nightshade, the poisonous aconite, the hemlock and the hemp. The animal, the vegetable, and the mineral kingdoms, all contribute of their treasures to your wondrous outfit. You are not compelled to use everything ; you are not compelled to disuse everything. You are the true eclectics who, out of this vast mass of materials, are to choose the articles adopted to each particular case, always remembering that every therapeutic substance or measure which you employ, will be either curative, harmful or inert, according to its timely and judicious exhibition or otherwise. On the one side, gentlemen, are your privileges, on the other are your responsibilities ; each is the measure of the other.

I have already incidentally admitted that medicine is not an exact science, and may now remark that there is much yet to be accomplished in nearly all of its departments, before its mission is ended, or rather before its full benefits are to be realized by mankind. Do not fear, therefore, that you are entering upon a profession whose field of observation and discovery is already wholly occupied. There is ample room for the exercise of all your talent and all your industry in urging forward the car of progress in the science and art of medicine. To mention one or two points out of many : Although inflammation is so common a complaint that you will have to inquire at the bedside of nearly every patient you visit, whether you have to deal with some open or latent inflammatory trouble or not, yet very much still remains to be learned in regard to the origin,



nature, causes, terminations, and therapeutics of inflammation, so that here at the very threshold of the temple of medicine, you find a subject of sufficient importance and of so much intricacy as to furnish you matter for a lifetime of study. The subject of digestion is by no means so well understood as it ought to be, and with the aid of industrious young physiologists like some of you, is no doubt destined to be. In therapeutics there is great need of a more exhaustive study of the effects of many leading remedies, whilst the number of officinal pharmaceutical preparations might be diminished with probable advantage. Then what a field of research open out in the various maladies which have hitherto remained as "*opprobria medicorum*!" some of them pronounced incurable; others too often growing so in practice; cancer tubercle, diabetes, epilepsy, tetanus. But I would particularly urge upon your attention a diligent study of sanitary and hygienic science and the prophylaxis of disease. As he is a better surgeon who saves a limb, than he who amputates it, however skillfully, so he is a better physician who prevents disease than he who cures it. I hope you will feel that to you in some measure belongs the duty and the responsibility of looking after and guarding the public health in your respective neighborhoods. You should be centers of information and centers of influence in regard to dress, food, sleep, light, air, exercise, bathing, the proper construction of dwellings, school-houses, halls and churches, so as to secure warmth, ventilation and sunshine. You should lift up your voices like a trumpet against dark cellars and garrets, low ceilings, ill-ventilated sleeping rooms and sick-rooms, high-heeled boots, tight corsets, unhealthy tenement houses, tobacco and alcohol, filth and garbage. It is in reference to the prevention of disease, that the profession is, perhaps, under its highest obligation to the world, an obligation which we must conscientiously discharge, even at the risk of an unfavorable effect upon our pecu-



niary interests ; though here, as elsewhere, it will probably be found that duty and interest will, in the long run, coincide.

For a full disquisition on this important subject of prophylaxis, I refer you to the admirable address delivered by my distinguished friend, Prof. W. H. Taylor, of Miami Medical College, to the graduating class of that institution, one year ago. This paper published in full in the *Cincinnati Lancet and Observer*, for 1870, contains much valuable information, and many important, practical suggestions. I commend it to your careful study and consideration.

And now, gentlemen, as I approach the conclusion of my remarks, let me ask you to have faith in your profession, and this, too, in spite of the many disappointments which will doubtless overtake you in your contests with disease. Do not distrust your calling. Be as careful not to under-estimate its real importance as not to over-estimate it. Skepticism in medicine, as in religion, is generally disastrous. Notwithstanding the undoubted fact that many maladies are self-limiting, and would get well without medicines, where there is sufficient constitutional vigor to withstand their depressing effects, without questioning the very important influence of natural causes and hygienic measures in the cure of disease, it is still not to be disputed, that a vast amount of benefit is conferred upon our race, much suffering relieved, and many lives prolonged by the judicious administration of remedial agents, while that surgery and obstetrics scientifically practiced are an invaluable boon, is patent to the most careless observer.

Admit that the practice of medicine in the aggregate, as now carried on by quacks, ignoramuses, and incompetent regulars, is productive of much harm to mankind ; admit that drugs in the form of patent medicines, secret nostrums, and improper prescriptions, really shorten many lives, still it is an irrefragable truth that legitimate

medicine practiced by high-minded and intelligent men, is so decided a blessing that the world cannot afford to dispense with it; and that drugs properly administered are productive of so much good, that it would not be better for men any more than for the fish, that all the medicine should be thrown into the sea, as suggested, (shall I say it?) by a distinguished member of our own profession—Dr. Oliver Wendell Holmes, of Boston. Let us not, then, my young friends, distrust the important facts which already belong to our science and our art, because there are still many regions which we have not been able to explore; let us not neglect or undervalue the light we have because there is still much darkness around; in a word, let us “*be not faithless, but believing.*”

Gentlemen, it is nearly time to close this address; but I should not be doing justice to my own feelings, if I did not say that, in bidding you farewell, and dismissing you to your life-work, I would have you realize the importance not only of being good physicians, but of being good men. I would have you see to it, not only that your intellects be well trained, and your minds well stored with medical knowledge, but that your hearts, also, be purified by faith in Christ, that faith which “*worketh by love.*” There have been, and there are, eminent physicians who are at the same time skeptical in sentiment, irreligious in feeling; some, even, scoffers at religion. Such, I trust, none of you will ever be. Whether God has ever spoken to man, and whether the record of His sayings is to be found in the scriptures, are surely questions of so transcendent importance, as to demand, not a sneer, nor a cavil, nor a scoff, but at the very least, a careful and candid investigation. I beg leave to quote a few sentences on this subject from the pen of one of the most illustrious of our own profession, Dr. John Abercrombie, of Edinburgh. At the end of his little work on Intellectual Philosophy, he addresses a

few remarks to the younger members of the medical profession, concluding as follows, viz. :

“Of the modifications of that distinction of character, which has commonly received the name of cant, the cant of hypocrisy has been said to be the worst; but there is another which may fairly be placed by its side, and that is the cant of infidelity, the affectation of scoffing at sacred things by men who have never examined the subject, or never with an attention in any degree adequate to its momentous importance. A well-regulated mind must at once perceive that this is alike unworthy of sound sense and sound philosophy. If we require the authority of names, we need only to be reminded that truths which received the cordial assent of Boyle and Newton, of Haller and Børrhave, and we might add of Abercrombie, of Delamater, of Mussey and of Hodge, are at least deserving of grave and deliberate examination. But we may dismiss such an appeal as this, for nothing more is wanted to challenge the utmost seriousness of every candid inquirer, than the solemn nature of the inquiry itself. The medical observer, in an especial manner, has facts at all times before him, which are in the highest degree calculated to fix his deep and serious attention. In the structure and economy of the human body, he has proofs, such as no other branch of natural science can furnish, of the power and wisdom of the Eternal One. Let him resign his mind to the influence of these proofs, and learn to rise in humble adoration to the Almighty Being of whom they witness; and, familiar as he is with human suffering and death, let him learn to estimate the value of these truths which have power to heal the broken heart, and to cheer the bed of death with the prospects of immortality.”

Gentlemen, I bid you an affectionate farewell.



## EXCISION OF OS CALCIS.

BY E. A. DUZAN, M. D., OF ZIONSVILLE, IND.

Was called June 22, 1869, to residence of A. Laughner, near Whitestown, to see daughter, aged five years. Found patient afflicted with caries of os calcis, the result of strumous osteitis. The foot presented a frightfully swollen aspect; was thick, clumsy and puffy. A sinus opened just below the external malleolus and was discharging a thin, purulent matter. Another sinus opened just above and on the inner side of attachment of tendo-achillis. From the tortuous course of the sinuses it was extremely difficult to determine exact locality and extent of disease. By introducing probe into the sinus opening posteriorly, a carious condition of the os calcis was detected.

From Dr. Starkey, the attending physician, I learned that the disease had commenced about eight months previous, and was ushered in by rigors, severe pain in foot, and high febrile and inflammatory symptoms. The sinuses opened externally about two months after first appearance of inflammatory symptoms. The intense and incessant pain, and loss of sleep, had made frightful inroads in the constitution of patient, and she rapidly approached the verge of the grave.

Feeling impressed with the necessity of removing diseased bone, I sought the assistance of Drs. Starkey and Bowers, and proceeded to exsect the os calcis, in the manner proposed by Erichsen. After making an incision from calcaneo-cuboid articulation around the heel, along the sides of the foot to a corresponding point on opposite side, and then dissecting up the flap thus formed, the whole under-surface of os calcis was exposed, and was found extensively diseased, necessitating removal of entire bone. A perpendicular incision about two inches in length, was then made through the tendo-achillis into the incision around the heel, and the os cal-

cis was then easily removed. The calcaneo-articular surface of astragalus was found in a carious condition, and the carious part was removed with a gouge.

Recovery progressed rapidly after removal of diseased bones. At the present time, near two years after operation, there is no perceptible lameness nor impairment of gait.

The immediate cessation of intense pain and speedy recovery after operation, forcibly suggest the propriety of early surgical interference in removal of carious and necrosed bones.

Had the diseased bone been removed earlier in the case reported, the patient might have been saved from days or even months of intense suffering.

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## HYDRATE OF CHLORAL IN INTERMITTENT FEVER.

BY F. A. DUZAN, M. D., OF ZIONSVILLE, IND.

The obstinate character of intermittent fever prevalent in the locality, the persistent recurrence of the disease, and the failure of quinine, iron, etc., to arrest the paroxysms, forced me to closely scrutinize our medical armamentarium, and select therefrom new and untried agents with which I might successfully combat the disease.

I was called August 2, 1870, to see Mrs. E. U. Found her afflicted with intermittent fever, of the tertian type; the disease had existed about two months. She had faithfully tried quinine and iron without any relief. I gave her fifteen grains of chloral hydrate, five hours before expected cold stage, and repeated the dose every hour until five doses had been taken. Instead of the anticipated chill, the hour when the paroxysm usually recurred, passed away, and there were no symptoms of the cold stage of the disease. The pulse was full and

strong, a sensation of gentle warmth, rather agreeable than otherwise, was felt over surface of body. The next day of anticipated recurrence of paroxysm, the chloral hydrate was taken in like way, and was followed by similarly happy results. From that date there was no recurrence of the disease.

The above is but one of the many cases in which I have carefully employed hydrate of chloral after quinine, arsenic and other anti-periodics had been ineffectually but faithfully used.

The hydrate of chloral seems to act as a stimulant upon the centripetal vasomotor nerves, contracting the *centripetal* vessels and thereby giving *centrifugal* force to the circulation.

I disdain any intention of lauding hydrate of chloral to the skies, or of making it a panacea for all the ills that humanity is heir to, but respectfully solicit further trial of it, in the treatment of chronic intermittents.

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## FOREIGN BODY IN THE AIR-PASSAGE.

BY W. B. FLETCHER, M. D., INDIANAPOLIS.

August, 1870, was called upon to see a little boy, three years of age, who had "swallowed a watermelon seed down his wind-pipe," as the mother informed me. The child, at the time of my visit, was playing, and exhibited little disturbance except an occasional quick cough, reminding one of spasmodic croup. I thought the parents mistaken and gave no medicine, leaving the little fellow laughing and talking as usual, but I noticed a slight metallic ring to his voice.

During September and October, I was consulted frequently in regard to his cough. It would come on at night with dyspnoea and bloody froth would pour from his mouth, followed by prostration and slight asphyxia.

Except these occasional troubles his health was remarkably good.

Finally, on the fifteenth of March, 1871, seven months from my first visit, he was seized with a paroxysm of coughing, in the afternoon, and expelled a large water-melon seed, throwing it half-way across the room.

The seed is unchanged in form or substance, except bleached a little.

We believe this case of interest, not as relates to treatment, for there was no treatment, but to show, as Dr. Weist, of Richmond, has already proven by statistics and gleanings, that patients when left to nature, frequently recover from these accidents, and that as a rule, the result is better than where serious operations are performed to dislodge the foreign substance.

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MR. EDITOR: Is slitting up the prepuce in phymosis "a novel proceeding?" Dr. Passage, of Peru, Ind., seems to think it is. In a contribution from his pen in the April number of your JOURNAL, he says: "I will now give you an account of rather a novel proceeding in lieu of circumcision. \* \* \* The operation consists in introducing a director between the glans and prepuce, *splitting* the foreskin," etc., etc.

The Dr. is mistaken as to the novelty of this operation. If he will take the trouble to consult his works on surgery, he will find that the operation is described by Gross, Erichsen, Holmes, Cooper, and many others. It is an old operation.

A. B. C.



## Proceedings of Societies.

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### NORTH-EASTERN INDIANA MEDICAL SOCIETY.

The meeting was held at Angola, March 7, 1871.

Assembled at 10 o'clock, A. M., at the M. E. Church. The President, Dr. O. J. Vincent, was not present. H. D. Wood, one of the Vice-Presidents, presided.

The proceedings of the last meeting were read and approved.

The censors reported the following names for membership: G. Erickson, of Kendallville, W. Fox, of Angola, C. W. Goodale, of Metz, S. W. Lemon, of Albion.

The Society concurring in the report, the gentlemen were declared members.

The following gentlemen were elected honorary members: O. Bates, of Reading, Mich., D. B. Griffin, M. F. Crane, M. E. Bachman, of Angola.

After the transaction of some private business affecting the standing of a member, the Society adjourned until one o'clock, for dinner.

Re-assembled promptly at the appointed hour.

Dr. J. K. Dunning read his paper on toxæmia. The subject was well treated, and regarded with much interest by the Society.

Dr. Wood reported a case of extra-uterine pregnancy of four years standing. At the end of nine months labor commenced. The pains continued for nine or ten days, when they ceased, as did also motion. After some time the case was diagnosticated by the family physician, as an ovarian tumor. An attempt was made at its removal by an operation which resulted in failure.

On the twenty-fourth of January, Dr. Wood operated, and was successful in removing the foetus, which was exhibited to the Society. At this date, (March 7,) the patient is doing well.



At the request of the Society the Doctor consented to prepare a history of the case for publication in the *INDIANA JOURNAL OF MEDICINE*.

S. W. Walker, by request of Dr. Wood, presented himself for an opinion relative to his case.

Age twenty-one years; harness-maker; medium size; healthy parents. About a year ago he had an attack of hemorrhage of the lungs. Previous to that time his health was good. Since that time he has been steadily losing flesh, and has had chills and night sweats a portion of the time. A few days ago he had recurring hemorrhage of the lungs. His pulse is one hundred. Appetite good.

Drs. D. W. C. Denny, Dunning, Schofield, Chamberlain, Wood and Gilbert, made physical examinations of the chest. A cavity was revealed in the upper lobe of the right lung. There was dulness over the middle lobe. There were physical signs sufficient to warrant a decided opinion. All, save Dr. Dunning, agreed that it was a case of tubercle of the lungs. He gave it as his opinion that the destruction of the lung was due to suppurative inflammation of the bronchia. In other words it was a case of bronchial consumption. Each regarded consumption as a curable disease. No particular medicine was suggested as being possessed of curative properties; but by improving and aiding nutrition, and avoiding injurious remedies, such as expectorants, which are to be abhorred in consumption, it was believed recovery would often take place.

An hour was devoted to the discussion of cerebro-spinal meningitis. Much was said of the identity of this disease and "spotted fever." Drs. Wood and Gilbert believing them to be the same disease. Drs. Dunning, Denny, Schofield and Fox, contended that they were distinct diseases.

Dr. Wood reported an autopsy made by himself and Drs. Dunning and Fox. (To be published by Dr. Dunning, at request of Society.)

Drs. J. K. Dunning, D. W. C. Denny, John Denny, J. N. Chamberlan, John Danser, W. H. Franks, J. L. Haggerty, T. McNabb, and J. L. Gilbert, were elected delegates to the State Medical Society.

Drs. L. F. Abell, J. K. Dunning, S. Schofield, H. D. Wood and J. L. Gilbert, were elected delegates to the American Medical Association.

Drs. Dancer, Franks and Denny, were appointed essayists for the next meeting.

Adjourned until eight o'clock, when Dr. D. W. C. Denny delivered an able and highly interesting address to a large audience. His subject was "the duties and responsibilities of the physician." He made a passing allusion to some of the devices of quacks, and closed his remarks with a glowing tribute to the pioneer physicians of Indiana.

The Secretary was instructed to request Prof. J. Adams Allen, to deliver the address at the annual meeting which will be held at Kendallville, June 6, 1871.

The Society adjourned, after a very profitable meeting. The attendance was large, and all felt that it was good to be there.

The profession at Angola, will long be gratefully remembered by those whose privilege it was to attend this meeting.

J. L. GILBERT, *Sec'y.*

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#### BRAINARD MEDICAL SOCIETY.

The Society met in the court house, in Winnamac, April 6, 1871, Dr. Weland in the chair.

Drs. S. M. Goldsberry and A. S. Campbell, of North Judson, and H. E. Pattison, of Star City, were admitted to membership.

Drs. Hoag, Cleland, Campbell and Thomas, reported interesting cases in practice.

Dr. Thomas presented the following question for discussion, which was made a "special order" for next meeting :

"Are there any therapeutical agents that act specifically upon the liver, that stimulate that organ and increase its secretions?"

The fifth annual election of officers was then had which resulted as follows :

President, Wm. T. Cleland, Kewana.

Secretary, I. B. Washburn, Star City.

Treasurer, Wm. Kelsey, Monterey.

Censors, F. B. Thomas, Winnamac, J. B. Hoag, Knox A. S. Campbell, North Judson.

Delegates to the State Medical Society :

Drs. Washburn, Kelsey, Kittinger, Thomas, Glazebrook and Hoag.

The Society adjourned to meet in Star City, July 6, 1871. I. B. WASHBURN, M. D., *Sec'y*.

## City Hospital Reports.

BY E. HADLEY, M. D., INDIANAPOLIS.

CASE I. An Irishman, aged thirty-five years, was admitted to City Hospital February 7, 1871. Has an eruption on bearded portion of face—sycosis. Has been afflicted several years, and treated by various physicians. Disease never disappeared entirely. Sometimes improved, but would then return as before. At present the pustules are so numerous as to form a mass about angle of jaws. For treatment was placed on Fowler's solution, gtt. v; increased after few days to gtt. x; three times a day; also the following as local application :

R Tincture Iodine.....3i.

Collodion ..... 3i.

February 10: Film of collodion, etc., peeled off, leaving

face red, but apparently free from disease. February 12: Face red and irritable, but disease not visible. Patient left hospital of own accord. Never saw the case again.

CASE II. A man, aged thirty-one years, laborer, from Pennsylvania, was admitted to hospital January 19, 1871. Has tertiary syphilis. Contracted the disease two years ago. Among many other symptoms, he has periosteal inflammation of both tibial, with an ulcerous condition of legs over these bones; ulcers very irregular and corroded, but think they would cover a space three inches square; color purplish, above general surface of legs; filthy discharge, and offensive smell. Treatment for syphilis:

R Iodide Potass..... $\mathfrak{3}$ i.  
 Infusion Columbo..... $\mathfrak{3}$ ss.

For ulcers: Kept clean with castile soap-suds; apply carbolized linseed oil, ( $\mathfrak{3}$ i.— $\mathfrak{3}$ xii.,) by means of cloth.

January 26: Nocturnal pains ceased; ulcers healthy, and healing. February 4: All pains and inflammations about bones subsided. Ulcers healing; sycosis appears first on chin, afterwards over entire bearded portion of face. Says he has had this eruption three times before; even before he had syphilis. Continue first treatment unchanged, with addition of the following as application to face:

R Carbolic acid (cryst)..... $\mathfrak{3}$ i.  
 Afterwards..... $\mathfrak{3}$ i.  
 Glycerine ..... $\mathfrak{3}$ i.

February 10: Face improved but little. Substituted the following as local application:

R Tincture iodine..... $\mathfrak{3}$ i.  
 Collodion..... $\mathfrak{3}$ i.

To be painted over face. February 10: Film of collodion peeled off; same pustules remain. Paint afflicted portions again with the mixture, and as it loosens leaving traces of disease re-cover these portions. Pa-



patient's general health excellent and improving. Mar. 1: Eruption covers entire bearded portion of face. Leave off treatment for syphilis; all tertiary symptoms gone. Fearing the iodide potass. aggravates the face affection. Patient placed on Fowler's solution gtt. v., to gtt. x., three times a day; also, fumigations of ten grains calomel once a day. March 15; Face has improved and relapsed. Apply locally saturated tincture iodine. Substitute Donovan's solution gtt. v.—x, three times a day, for Fowler's solution. March 24: Last application appears to be successful; all eruption gone; only a few mealy scales remaining. March 28: Eruption appears nearly as bad as ever. Again resort to sat. tr. iodine, but this time without success, as fresh pustules appear under the heavy coating. March 30: Substitute as local application the following:

R Prot. oxide mercury.....3i.  
Lard.....3i

Donovan's solution continued. April 3: Face again improved. Patient left hospital to go to work; insisted on taking along a four-ounce vial of the mercurial ointment.

CASE III. A man, aged forty years, from Maryland, a blacksmith, was admitted to hospital March 7, 1871. For past several weeks has been suffering from "a cold on the chest." Does not give a good pneumonic history. By percussing find dulness in lower lobe of right lung; auscultating, find tubular respiration in same situation. Heart sounds clearly transmitted through same region; think it a case of pneumonia; stage of solidification. Breathing rather labored, but does not appear to suffer from general bad health. For treatment, placed him on substantial diet, with punch, etc. Also,

Bi carbonate of ammonia.....gr. i.

Quinine.....gr. ii.

Dovers powd.....gr. iii.

Every two hours. Chest enveloped in flannel. Mar. 10:

Is taken with an excruciating pain over heart. Lull pain with morphine. March 11: Pain continues but not so severe. Detect dry friction sounds with the heart's beats over heart; not propagated into aorta, valvular sounds normal. Think there is pericarditis. Ordered Dover's powders, ten grains every three hours; also, sulph. magnesia  $\bar{3}$ ss. March 16: Pain has gradually diminished about heart, till none now remains. First treatment for pneumonia continued. March 19: Is taken with different symptoms about heart; constant dull, or aching pain. Has a most anxious expression; rests best in reclining posture. Auscultating, find valvular sounds of heart greatly modified; softer. Heard plainest at apex and base; also, heard along aorta and carotids; think there is endo-carditis. March 20; Symptoms continue; pulse one hundred and sixty per minute; very weak. Patient extremely anxious. Ordered the following:

R Spts. nit., ether, paregoric.....aa  $\bar{3}$ i.

Tinct. verat. viride..... $\bar{3}$ i.

Teaspoonful every three hours till pulse is reduced; also

Ext. hyos.....gr. ss.

Podophyllin.....gr. i.

Three times a day. March 21: Morning, patient easier; pulse one hundred and forty. Evening, pulse one hundred and ten. Left off podophyllin and hyoscyamus, as the bowels were moved frequently. March 22: Pulse ninety; stronger. March 25: Heart nearly one hundred and weak. Substitute digitalis gtt. v—x, four times a day, instead of the verat. vir. March 29: pulse near eighty, but weak. Hepatized lung re-solving; crepitant rales; respiration not so tubular; dulness not so great. Continue good nourishment and bicarb. amm. and quinine. April 4: Patient's feet and legs œdematous. Heart near one hundred and weak; no abnormal sounds or modifications. Placed on mur. tinct. iron,  $\bar{3}$ ss, three times a day; also, tinct. digitalis gtt. v, four

times a day. April 10: Œdema increased; legs painful; bandaged with flannel. Right side of face, neck and chest œdematous, giving patient a ludicrous appearance; greatly debilitated. April 11: Spitting rust-colored sputa. Find whole right lung consolidated. April 19: Much better; gaining strength; œdema nearly gone. April 25: Lung rapidly re-solving, especially the upper lobes. Sits up most of the time. Feet and legs slightly oedematous; gaining strength.

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## Gleanings from Foreign Journals.

TRANSLATED BY DR. GUIDO BELL.

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PROF. NAGEL, of Tübingen, gives the results of his experiments with strychnine in amaurosis. After the remedy had been discredited for some twenty years, N. recommends it in the highest terms. Out of many cases one may be mentioned: Sudden blindness after measles, in a boy eight years old. Nothing anomalous in the eye. The blindness lasted several weeks, slowly decreasing. Rapid and complete cure after injections of strychnine; one-third of a grain was used to four hypodermic injections. In the case of a lad fifteen years old, blind from birth, was relieved by two injections. The effect was seen a few minutes after use. Even in cases of degeneration, where the yellow spot had undergone change, strychnine was useful; and also in cases of traumatic amaurosis. The best results may be obtained in pure anæsthæsia retinæ.—*Wiener Med. Presse.*

THE prognosis of pneumothorax depends upon the state of the lungs, especially as to whether there is phthisis or not, and if fluid is found between the pleuræ. Out of one hundred and forty-seven cases, sixteen recovered. The treatment is for symptoms; narcotics, blood-letting, taping.—*Ibid*

ACCORDING to Richelot the infusion of digitalis is more effective in dropsy than the decoction. Half drachm to six ounces of water should be used in twenty-four hours.—*L' Union Med.*

A LADY, sixty-four years of age, who had suffered with diphtheria for a short time, had been using calomel to move bowels, and chloride of potassium for gargling. Four weeks after, paralysis of the pharyngeal muscles occurred, which disappeared in the lapse of six weeks; probably not due to medicines.—*Memorab.*

TO FIX the action of hydrate of chloral, Prof. Billroth has used hypodermic injections of morphia, (gr.  $\frac{1}{4}$ .) He succeeded in a case of cancer of the brain, producing healthy sleep for eleven hours. It is the same method as Nussbaum's with chloroform.—*Wien. Med. Wochens.*

THE sub-acetate of lead in excrescences of the external ear, is recommended by Dr. Betz, in consequence of its power and painlessness.—*Memorab.*

FLOUR of sulphur in diphtheria is found to be, by experiments, useless.—*Journal f. Kinderk.*

TRANSFUSION of blood was successful in a man of sixty-four years of age, of hemorrhage of the stomach.—*Memorab.*

THE fluid extract of cynoglossum officinale is said to act like curare. Many experiments were made, with the same narcotic effect. The irritability of muscles disappeared the last.—*Centralblatt.*

THE breathing of typhus-patients is less frequent after cold baths; and, although the relative quantity of carbonic acid is increased, its total expiration is diminished.—*Deutsches Archiv.*



A LARGE cyst with  $2\frac{1}{2}$  gallons of fluid was found growing from the urachus. The patient died in the twenty-fifth year.—*Ibid.*

TINCTURE of iodine in incontinence of urine of old people. A lady of eighty years of age was entirely relieved by its continued use, (one to six drops a day.) This treatment is not new.—*Allg. Med. Zeitschr.*

THE epiphyses become loosened by traumatic periostitis with the same particulars as on the shaft, but with worse results. The treatment is the same.—*Archiv. f. Heilkunde.*

DR. LCHÖNBORN uses for stretching contracted fingers leather gloves with steel splints, and an elastic rubber band.—*Archiv. f. Klin. Chirurg.*

To prove death the use of atropine and calabar extract for the eyes is recommended.—*Archive gen. de Med.*

THE mind disordered by bite of a weasel. Three weeks after the accident the trouble began. Entire imbecility, loss of memory, frequent epileptic convulsions; lasted four weeks. Recovery slow but complete. The history given by the patient excludes any other cause than the probably poisoned wound.—*Archiv. of Psychiatric.*

THE reader will excuse the sparseness of material, we could get from German and French journals for the past few months. *Inter arma silent literæ.*

## Reviews.

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MODERN THERAPEUTICS. A compendium of recent formulæ and specific therapeutical directions, by George H. Napheys, A. M., M. D., one of the editors of the Half Yearly Compendium of Medical Reviews, late chief of medical clinic of Jefferson Medical College, member of the Philadelphia Medical Society, corresponding member of Gynecological Society, of Boston, etc., etc. Second edition, revised and improved. Philadelphia: S. W. Butler, M. D., South 7th Street. 1871. For sale by R. W. Cathcart, Indianapolis.

The above is a work of four hundred and odd pages. It appears to be the elucidation of a plan conceived some time ago, and partially carried out in certain articles in the *Medical and Surgical Reporter*, under the name of "Therapeutical Bulletin." The author claims the merit of "novelty in object and arrangement," it being not only a compilation of "recent formulæ," but "specific therapeutical directions."

In glancing over it we find it to be a very good compendium of the sound and recognizable treatment of the most common and important diseases; something to which a practitioner can refer and at once obtain either formulæ, or gather valuable and available suggestions as to treatment. It is materia medica, therapeutics and practice in a nutshell. We are not, as a rule, partial to "compendium" works that profess to assist the student by condensing knowledge until all the minute facts are compressed out of it; such we have upon anatomy, physiology, etc. Now and then they are good, however, for refreshing the memory as to terms, etc.; but if the student relies upon them for his stock of knowledge, and considers more elaborate works useless, he will be misled, and he will find, by and by, that the ground will have to be traversed again, and the minutiae hunted out. But for the practitioner who has gone over in full the stored knowledge of his profession, these "ready references" are a help and a very convenient one.

Elaborate study is not so much the object here as a refreshing of memory with those elements before perused and digested, as also the keeping up a knowledge of the isolated facts which marks the progress of medicine.

It is in this light that we favor, in some degree, works of "formulæ," such as Ellis, etc., and in a large degree, too, the benefit of medical journals; and of such works as the present, where all the latest modes of treatment are formulæted, and the therapeutical indications clearly laid, we can heartily recommend it to the class for which it was written,—“the hoary practitioner.”

THE WASTING DISEASES OF INFANTS AND CHILDREN, by E. Smith, M. D. Philadelphia: H. C. Lea. 1871. For sale by R. W. Cathcart, Indianapolis, Ind.

This, (the second American edition of the work,) is devoted to the consideration of various diseases common to children, atrophy, chronic diarrhœa, chronic vomiting, inherited syphilis, and also a chapter upon mucous diseases, and one on the diet of children in health and disease.

Although the whole work is excellent, being practical and to the point, yet the latter chapter struck our attention as being more than usually clear in detail, and presenting the subject in a light that would rivet the attention at once. Nothing, perhaps, is of more importance than the disorders of the mucous membrane in infancy; and in two-thirds of the cases this is either brought about or aggravated by improper feeding. The work is certainly of great interest to the physician, and one that should be consulted.

INSANITY AND ITS TREATMENT. Lecture on the treatment, medical and legal, of insane patients, by G. Fielding Blendford, M. D., and F. R. C. P. Lond, Lecturer on physiological medicine at the school of St. George's Hospital, London, etc., with a summary of the laws in force in the United States, on the confinement of the insane, by I. Roxy, M. D. 8 vo., pp. 474. Philadelphia: H. C. Lea, 1871.

Insanity is a disease, and one which has been, until within a few years, improperly studied, and therefore imperfectly understood. That there is a mystery in all diseases, and that owing to various perturbing circumstances, we cannot in all cases fully explain or comprehend them, may be true; but perhaps not more true in insanity than a majority of others. This subject in all its phases, is now being investigated intelligently. Light is dawning from many points, and each new investigation seems to bring forth some important fact, and presents things in a clearer light than was known or seen before. Dr. Blendford, in the work before us, is not an exception, though upon some points we may differ from him in his conclusion; still, in general, his ideas are clear and his assertions reliable. A streak of good, hard, common sense, seems to run through his nature, as evinced by the thorough interest; and that we consider is preferable, in calm investigation, to the scholastic metaphysician. Upon nearly all points he is up to, and upon some, in advance of the prevailing ideas of the time. And this advance, we are pleased to see is, from our stand-point, toward the truth. There are several points upon which the author dwells with peculiar force. The hereditary element in insanity, "we must consider," says he, "not the proceeding of the month or year, but the history of the individual from his birth and that of his parents before him." The insane temperament that Dr. Woodsly so graphically describes, Dr. Blendford fully recognizes. As regards classification, he approves the method of Dr. Skae and Dr. Tuke. His remarks upon *moral insanity*, when carefully analyzed, will stand the test, and shows a more than usual clear appreciation of that most perplexing subject. Upon the subject of treatment, Blendford insists upon nutritious food and stimulative drinks in acute delirious mania. Formerly, as we are all sure, blood-letting and the antiphlogestic treatment in general, was the rule. We con-



sider the change in views to be in the right direction, provided it be not pushed to an extreme. Here, as in most cases, the mean is the safest course. Some cases will demand less stimulation than others; still, as a rule, we coincide with the Doctor in his teachings. Many points which our space will not permit us to notice, well deserve our attention. We must be content to recommend the work to the practitioner, with full assurance that in the careful study of it he will be repaid, as regards time and money. For sale by R. W. Cathcart, Indianapolis.

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## Editorial.

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PROF. ALLEN, of Rush Medical College, Chicago, will deliver an address before the North-Eastern Medical Association, at their annual meeting, first Tuesday of June. We have no doubt that those present on that occasion, will have a "feast of reason," if not "a flow of soul."

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WE acknowledge the receipt of *The Young Messenger*, a monthly journal edited by Master Walter T. Dwight, and published for the edification of the juvenile world. The contents, besides being of the highest order, are strictly original and well suited for both old and young. The paper is very neatly printed and presents an excellent appearance. Published at Chicago, Ill. 50 cents per annum.

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DR. J. H. LEMON, at New Albany, Ind., has a well established business, good office, with library, surgical instruments, buggy, etc., which he will dispose of cheap to any member of the profession. Address, Dr. J. H. Lemon, New Albany, Ind.

THE second volume of the JOURNAL, commences with the present number. It is now firmly established, and no one need fear as to its ultimate success, provided that material aid and assistance in the way of contribution of matter, is furnished. State and professional pride was what prompted us to start it, and we hope that the mere object may cause the profession to sustain and support it. We cannot succeed without such assistance. The present volume will be somewhat enlarged, the price being the same as before.

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### Miscellaneous.

REVACCINATION.—Mr. Simon, the medical officer of the Privy Council, has recently published an important memorandum on this subject. He believes that, by a successful vaccination in infancy, most persons are insured for a lifetime against an attack of small-pox; and that, in the proportionally few cases where the protection is less complete, it will, on account of the vaccination, be generally so mild as not to threaten death or disfigurement. There is, unfortunately, a vast amount of imperfect vaccination, and consequently every population contains many persons who, though nominally vaccinated, are liable to the disease. It is, therefore, advisable that all persons who have been vaccinated in infancy, should, as they approach adult life, be revaccinated. The best time for this is when growth is about completing itself, that is, from fifteen to eighteen years of age. If, however, there is prevalence of small-pox in the neighborhood, or if individuals are exceptionally exposed to infection, the age of fifteen should not be waited for, especially in the case of young persons in whom the marks of previous vaccination are unsatisfactory. Revaccination, once properly and successfully performed, does not appear ever to require repetition. In proof of this assertion, he states that the nurses and other servants of the small-pox hospital, when they

enter the service, are invariably revaccinated; and so perfect is the protection that, though the nurses are in constant attendance on the patients, and the other servants are in various ways exposed to the contagion, during thirty-four years there has never been known an instance where any one of them has ever contracted this disease. The Royal College of Physicians of London have sanctioned this report.—*New York Medical Journal*.

CONSANGUINEOUS UNIONS.—According to Prof. Mantegazza, the probability of defect in the offspring augments with the degree of closeness of *maternal* relationship, so that the danger of marriage between cousins decreases in the following order: Marriage between the children of two sisters; marriage between the children of brother and sister; marriage between the children of two brothers. Two reasons, he considers, explain this law: the first is, that, whether for good or for evil, we all inherit more from the mother than from the father; and the second—which, let us hope, is an Italian, and not an American one—to-wit, that every one is the son of his mother, but not all are the sons of their fathers.—*Philadelphia Medical and Surgical Journal*.

TREATMENT OF NOCTURNAL INCONTINENCE OF URINE.—Dr. Wm. Thompson, *apropos* of Dr. Yeo's treatment of this disease, remarks that a case of a girl, aged twelve, recently came under his care, who had been suffering from it for two years. Dr. Thompson thought hydrate of chloral might prove of service, and accordingly ordered her fifteen grains every night on going to bed; to fast from seven P. M. to the following morning, and to eschew beer and spirits. He did not see her for two days, when her mother informed him she was cured. The very first night she rested well, and did not get up once instead of four or five times as formerly, besides wetting the bed nightly. She was directed to continue

the medicine for a fortnight, decreasing the dose to ten grains. She then discontinued the remedy entirely, and was perfectly well when he last saw her. When the case is one of habit, the chloral acts by ensuring the bladder and sphincter vesicæ a quiet night's rest, enabling them in a few days to regain their normal tone, and the patient his wonted vigor, so that he may retire to rest without his former dread of a disturbed night, or of awakening in the morning to find he is a defaulter to the laws of cleanliness and health.—*The Amer. Jour. of Syphilography and Dermatology.*

ON THE LOCAL TREATMENT OF SYPHILITIC MOUTH, NOSE, AND THROAT AFFECTIONS.—According to the experience of Von Sigmund, the local treatment of the mucous membrane of the mouth and nose is of the greatest importance in syphilis.

If slighter affections are present, he recommends, as a gargle and injection, solution of alum and extract of rhatany, in the proportion of about 1 to 100 of water, or sulphate of zinc of half that strength. In cases of erosion of the membrane he applies concentrated solutions of nitrate of silver, or still better, of perchloride of mercury, in the proportion of 18 parts to 400 of alcohol, painted over the affected part with a brush; the latter producing a less constringent effect upon the skin. After the application, which should be made before going to bed, a little finely carded cotton-wool should be placed upon the part. A piece of blotting-paper, saturated with the solution, may also be applied. He recommends the sublimate also in diseases of the gums. Where the tongue is affected, attention should be paid to projecting angles and rough edges of the teeth, which should either be removed or rendered smooth by covering them with caoutchouc.—*The American Journal of Syphilography and Dermatology.*

JOHN WESLEY AS A DOCTOR.—Not many, perhaps of those to whom the name and fame of John Wesley are



known, identify the great sectarian with the work of which he was not a little proud, his "Primitive Physic, or an Essay and Natural Method of Curing Most Diseases," printed by William Pine, in Narrow Wine St., Bristol, and sold at the New Room in the Horse Fair, and in London, 1762. It was lately submitted to the edification of the pharmacutists at their Liverpool conference, among a century of old books, and Wesley's announcement "that every man of common sense, (unless in some rare cases) may prescribe either to himself or his neighbor, and may be very secure from doing harm where he can do no good," was compared with his old recipes. Among the remedies which he approves as "tried"—a word which he thus made proverbial in Methodist connection—is bleeding for consumption. The patient is to lose six ounces of blood every day for a fortnight, if he lives so long, and then every other day, then every third day, and every fifth day for the same time. The gout is to be cured by the application of raw, lean beef-steak; for twisting of the bowels, one, two, or three pounds of quicksilver in water. The pharmacutists came to the conclusion that Wesley was more successful as a theologian than a physician, and that his experience of the value of "untutored common sense" in his former capacity, had induced him to undervalue the necessity of a basis of skilled knowledge in the latter.—*Chicago Monthly Times*.

APOMORPHIA, THE NEW EMETIC. — Apomorphia is obtained by digesting morphia in concentrated hydrochloric acid, at a high temperature for several hours. It differs chemically, from morphia, in containing an equivalent less of hydrogen than oxygen, or the elements of water. It is the most speedy and certain emetic known, and its action is not accompanied or followed by any baneful effects. The tenth of a grain of hydrochlorate of apomorphia, or even less, is the dose required. It may

be given with safety to children, and it acts more rapidly when hypodermically administered. — *Chicago Medical Times.*

TREATMENT OF BURNS.—Dr. Skey recommends a solution of nitrate of silver in a proportionate strength to the extent and severity of the burn. He has used the solution in the strength of from five to twelve or more grains to the ounce of water, modifying it, of course, according to the age of the person. The whole surface should be freely bathed with the solution, and entirely covered up in cotton-wool. After this a moderate opiate should be administered in a glass of brandy and water. This treatment is recommended on account of its action as a local stimulant, which Mr. Skey always applies to burns of cutaneous surfaces.

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## Chemical and Scientific.

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DANGEROUS BURNING FLUID.—There is no fluid used for furnishing light that will “*explode*.” The naphthas sold by dealers and travelers through the country, under a variety of names, “oils,” “fluids,” “gasolines,” etc., etc., will not explode like gunpowder, gun-cotton, nitro-glycerine, etc. It must be distinctly understood *that it is only the vapor which rises from the surface of the liquids, mixed with air, which suddenly explodes*. A lamp or can holding these dangerous volatile fluids *cannot explode if it is full or nearly so*, as there must be a space above the fluid filled with the vapor mixed with air, in order that any detonation may occur. The men who vend naphtha under assumed names, deceive purchasers by setting naphtha on fire, and by turning it out and handling it in a way which seems very dangerous to uninformed bystanders. They say to their victims, “See, this oil won’t *explode*: I put flame into the lamp, into the can,

turn it out upon the floor, burn it under all possible conditions, and it don't explode; can anything be safer than this?" This kind of experimenting is unfortunately deemed satisfactory by many, and they readily introduce the dreadful combustible into their families.

Three-fourths of all the accidents reported as lamp explosions *are not explosions*; they are horrible burnings from the simple ignition of the fluid by the spilling of the same upon the clothing, or by the breaking or upsetting of lamps. These naphtha fluids are not so dangerous from the liability of the vapor to explode, as from the inflammability of the liquids themselves. Now, remember this. The loss of life, and the loss to insurance companies from the burning of buildings, is due much oftener to the ignition of the fluid than to explosions; occasionally a genuine lamp explosion occurs, but not often, for it is difficult to have in a lamp or can just the right mixture of air and vapor. Equal parts of air and vapor will not explode; three parts of air and one of vapor give a vigorous puff when ignited in a vessel; five parts of air to one of vapor give a tolerably smart report; but to attain the highest amount of force, about eight or nine parts of air with one of vapor are required. Now, as an experiment, it requires considerable skill and experience to get up a perfect explosion with naphtha vapor, or with gasoline. We once experimented with a fluid taken from a can, the vapor of which had exploded in a lamp, killing a woman, and it required several hours before we could manipulate so as to obtain powerful detonations with the air-mixed vapor.

We should know that any liquid which will burn readily at ordinary temperature *is unsafe*. *Nothing can be added to gasoline or naphtha which will render it safe, or the vapor inexplusive*. The traveling quacks do not add anything to their liquids but cheap insoluble substances, and this they do to keep up the deception. The dangerous volatile liquids cannot be "carbonized," "ozonized,"

or "oxygenized," and to claim to do this is low, vulgar quackery. When any one comes before officers of insurance companies, dealers or consumers, claiming that they have an "inexplosive oil," which is "perfectly safe," etc., and challenging a trial, let them turn a little of the fluid into a cup or saucer, and if it takes fire when touched with a match, *it certainly will afford explosive vapors, and is a dangerous agent.* After making this simple trial, as a matter of justice, call the porter or a servant, and order him to tumble the rascal into the street, or what would be better, make an arrest and have him tried as a dangerous mountebank, and a conspirator against life in the community. There is not a jury in the country but would send such an imposter to the state prison.

More than *two thousand* persons were killed or dreadfully burned last year in the United States, from the use of these liquids, and this loss of life was wholly unnecessary. It resulted from the recklessness and cupidity of men who ought not to be outside of prison walls. There should be no timidity or hesitating in dealing with this class of persons. An end can be put to the business in a few months, if the people will it.—*Nedit.*

FOR SKIN AFFECTIONS.—Powdered starch, zinc, lycopodium, etc., are very useful in allaying the heat and itching in acute inflammation of the skin, as erysipelas, shingles, or eruptions attended with moisture. The following is an excellent prescription containing camphor, which is an important adjunct:—

R	Powdered starch.....	dr. vj.
	Oxide of zinc.....	dr. iij.
	Powdered camphor.....	dr. ss.
	Cochineal.....	gr. j.



*Dr Hays*

# INDIANA JOURNAL OF MEDICINE.

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## Original Communications.

### THE LOCAL TREATMENT OF CHRONIC UTERINE CATARRH.

BY THEOPHILUS PARVIN, M. D., INDIANAPOLIS.

Leucorrhœa is the most frequent of all diseases peculiar to women for which the physician is consulted: it, according to an eminent French author, dominates uterine pathology.

Often symptomatic of a constitutional state, of a local inflammation, or of a neo-plasm, it may and frequently does occur independently of any of these: it is then when uterine simply an excess, or perversion, or both, of a natural secretion.

The term leucorrhœa, which is only putting in Greek the homely Saxon, *whites* or white flow, is objectionable on two or three grounds: First, frequently it is not always a white discharge—it may be transparent, like melted glass or uncoagulated albumen, it may be yellowish, etc. Next, etymologically there is nothing in the term which restricts it to a discharge from the mucous membrane of the female sexual organs; it might be used to designate a flux from any mucous surface. Finally, we have in the word catarrh a generally accepted

designation for an increased discharge from other mucous membranes; and just as we may have nasal catarrh, or aural catarrh, *et cetera*, so analogy would suggest the use of uterine catarrh, a term formerly generally accepted, somewhat disused as the inflammation theory of uterine disorders prevailed, but now again assuming its sway, as this theory justly sinks into secondary importance. Probably, too, the general adoption of the term uterine catarrh will, on the one hand, lead to a mitigation of the heroic means which have been so often used in the treatment of the disorder by some, and on the other, quicken unto the wise use of local treatment others who have too much neglected it. Words frequently have a power in medicine which astonishes the reflective mind—they are the mottoes of theories, and theories are the guides in therapeutics.

The confounding of this disorder with ulceration has had a mischievous influence upon uterine therapeutics. Assiduously ply a finger with warm poultices, and very soon the epidermis will soften and become detached; the true skin thus exposed would hardly be called ulcerated. But when under the maceration of uterine discharges a portion of the epithelium on one or the other lip, generally the posterior, is detached, and a surface is revealed which is vivid red instead of pale pink, few hesitate to pronounce it ulceration or an ulcer: the therapeutical result in too many instances is cauterization. As physicians we are probably too liable to treat obvious effects, rather than to seek causes and to remove them; while the theory that inflammation is the key to uterine disorders, has borne no worse fruits than the generalization of caustic potash and nitrate of silver in uterine therapeutics. Some remarks made by Dr. Emmet in a paper read before the New York State Medical Society last February, are so appropriate, that no apology is needed for their introduction: "In the application of remedies to the uterine canal"—he is referring to disease of the

canal—"we must necessarily include healthy tissue from our inability to define accurately the extent of the disease. Therefore we must be careful in not doing too much, and in selecting agents as free from risks as possible. To the use of all caustics and to the nitrate of silver, I am unqualified in my opposition. Applications of an astringent character are most serviceable, and I know of none better for this purpose than the nitrate of silver, were it not for its after effects. Induration and contraction of the canal is certain to follow its use, in the vast proportion of cases. Erosion readily disappears under the use of potassa cum calce and other caustics, but it is only done by destroying the integrity of the mucous follicles by producing cicatricial tissue, while the evil consequences are not always in proportion to the strength or frequency of use."

In discussing the local treatment of uterine catarrh, it must not be imagined that constitutional means are to be neglected. So far from this being true, it may be safely averred that some cases of this disorder will recover solely by those means, and in very few indeed can they be neglected; indeed, if compelled to choose between the two opposite camps of therapeutists—the *constitutionalists* and *localists*—we should cast our lot with the former, so far as the treatment of this disease is concerned.

Having said this much, it is proper to insist upon the wise and intelligent use, in the great majority of cases of uterine catarrh, of combining both local and general means.

As to the selection of the former, one of the most obvious indications is to diminish uterine engorgement, for in the case of the catarrhal uterus there is an increased afflux of blood to the organ, and the organ is engorged either locally or generally. Of the local means for the relief of this engorgement, leeches, sponge tents, glyce-

rine tampons, and copious injections of warm water may one or all become useful.

The next and most important indication is to act directly upon the sources of this increased or perverted secretion. Two obstacles intervene to hinder the carrying out of this indication—one of these is the discharge itself, which acts as a shield, protecting the part from the action of the remedy; the other is found in the anatomical character of the glands of the mucous membrane—penetrating it deeply, flexuous, and frequently bi-lobed. The former obstacle is to be removed by carefully wiping the surface with cotton, not once, but generally two or three times; the latter by the selection of those alterative or astringent agents, and using them in such a form that they will do no harm to the intervening structure, and penetrate most readily the hyper-secreting glands.

It must be obvious on anatomical grounds already mentioned, that solid or semi-solid applications are not as likely to be useful as liquid, while some of them can only be employed with the result of actually destroying the glandular follicles themselves, just as the indiscriminate and reckless use of blue stone and of lunar caustic has destroyed the mucous membrane in cases of granular eyelids, leaving hard whitish lines marking cicatricial tissue.

Conceding, then, that the liquid is the preferable form for applications to the cervical canal, or to the uterine cavity, the next question is as to the method of making these applications. That method which is the most obvious at first sight is by injections; and the acknowledged perils from throwing astringent or caustic solutions into the womb have been so often demonstrated that various syringes have been devised that would secure the certain escape externally of the fluid—indeed, we are threatened with as many syringes for this purpose, each one better than its immediate predecessor, that they will soon rival in number ovarian clamps or



uterine speculum. Just as I have never introduced a fragment of lunar caustic into the uterine cavity, letting it remain there, a treatment so strongly advocated by Courty in obstinate catarrh, without deep regret, so I have never used liquid injections into that cavity, unless the cervical canal and the internal os were well dilated, without as great regret. It is exceedingly doubtful whether the benefits to be derived from intra-uterine injections of alterative or astringent solutions at all compensate for the difficulties encountered and the dangers that may ensue. A simple and safer method of making applications to the lining membrane of the uterus is by Emmet's *Applicator*,\*—a long, flat, silver probe, its extremity wrapped with a thin layer of cotton. In most speculum examinations and applications to the uterus, the position most convenient, most easy, and least repulsive to the patient is upon the left side, the knees and chin drawn well toward each other, the left arm thrown behind, the right arm and the right limb somewhat in front. These details may seem somewhat superfluous—doubtless they are to most readers—but when in a recent edition of a widely circulated volume the *back* position is advocated, and when I know that very many practitioners direct it, having never tried the *side*, a word in favor of the latter and in description of it can readily be permitted, and may prove useful to those who are not too much wedded to old ways. The speculum which I prefer in these cases is Cusco's, the separation of its two

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\* A recent number of the *Chicago Medical Journal* contains an article by a contributor, in which Sims' modification of Emmet's applicator is figured as the instrument itself; the instrument, as invented and used by Dr. E., has no slide to push the cotton wrapping off with, and this addition made by Dr. Sims is, in my opinion, of no value, but rather an annoyance. The same contributor refers to Dr. Budd's whalebone probe. The whalebone probe or rod belongs to a Chicago authority—Dr. Budd's is of hard rubber. These are trifling inaccuracies, it is true, but a man writing for the instruction of his professional brethren should take some pains to be right, even in little things.

blades better exposing the os, and the lower portion of the cervical canal to view. Dr. Meadows' recently invented instrument is admirable in many instances when one desires to perform any purely surgical operation upon the cervix—few practitioners, once seeing and using this speculum, would be willing to part with it—but for the work in hand my preference is decidedly for the former.

The speculum introduced, the mucous, or muco-purulent discharge removed, the cotton-covered extremity of the applicator is dipped into the solution selected, then passed into the cervical canal, or into the uterine cavity, in case that be the source of the discharge, and applied freely to the surface. Upon the withdrawal of the instrument, if the cotton be found coated abundantly with the discharge, remove the former, apply a fresh layer, and use the solution again.

The great majority of observers agree that in case of long continued uterine catarrh, the internal os is, as a rule, much larger than usual, so that the very disease facilitates the use of local agents for the cure. My own observation coincides with this view.

As to the solution that may be used: I believe that Churchill's tincture of iodine will be found in general the most useful of all therapeutic agents or preparations. That which I would rank next is carbolic acid, dissolved in three or four parts of glycerine and water; then probably sulphate of zinc, ten to twenty grains in a fluid ounce of water.

In regard to repetition: Once in three or four days—desisting always at least three days prior to the recurrence of menstruation, and not resuming until at least three days after the flow has ceased.

If uterine catarrh were merely a drain upon the patient's health, and an annoyance and an inconvenience to her, and an undoubted cause of sterility, it would demand the physician's best efforts for its cure. But still

more—the continued and excessive activity of the utricular glands leads to structural changes in the inter-glandular material, by the pressure of the hypertrophied glands, and thus to certain forms of uterine distortions and displacements; hence the disease, both in itself and its immediate and remote consequences, demands the best therapeutic care.

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### CALOMEL.

READ BEFORE THE INDIANAPOLIS ACADEMY OF MEDICINE.

BY THAD. M. STEVENS, M. D., INDIANAPOLIS.

I noticed a short time since an article in the *American Eclectic Review*, taken from the *British Medical Journal*, and entitled, "Further experiments demonstrating that mercury has no special action on the liver. Experiments to determine how far local irritations of the gall-duct in the duodenum increases the flow of bile."

The experiments consisted in giving to one animal various preparations of mercury, and after it was supposed to have been incorporated with the contents of the stomach and digested, the animal was killed, and a drop or so of the contents of such stomach applied to the orifice of the gall-duct of another animal, its abdominal cavity having been laid open—but "not the smallest quantity of bile escaped." Mechanical irritations, acetic acid, powdered calomel, and corrosive sublimate were tried in the same way, with like results, or rather want of results.

The electric current was then tried with no different effect—no escape of bile and no contraction of the duct. From such experiments as these the following conclusions were drawn:

"1. That mercurial preparations digested in the stomach do not irritate the orifice of the common duct in the duodenum, or induce any flow of bile into it.

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"2. That no other kind of local irritation causes increased secretion or flow of bile into the duodenum.

"3. That the gall bladder is not contractile, and that, consequently, no irritation, direct or indirect, nor any kinds of reflex action, influence it.

"4. That pressure upon the gall bladder or liver, in consequence of extensive contractions of the muscles surrounding these organs, causes a copious flow into the duodenum."

The writer adds :

"The facts thus arrived at, it seems to me, completely set at rest the speculations which have been put forth as to the possible action of mercurials, by local irritation of the extremity of the gall-duct in the duodenum. They show further that, whilst neither mercurials nor irritations of any kind induce a flow of bile from the duct into the bowel, neighboring muscular contraction has that effect—a circumstance which confirms the well known beneficial influence of exercise and muscular exertion in certain bilious disorders."

Let us examine a moment the above "conclusions;" and first, as to the assertion that mercurial preparations, digested in the stomach, do not, when applied to the orifice of the gall-duct of another animal, produce contraction thereof or a flow of bile therefrom. Premising this to be true, it would, we think, require a grand streak of the imagination, in any one who was honestly searching after truth, to see in this fact any solution to the question of how calomel acted when undisturbed in the stomach of the animal to which it was first administered.

Without saying whether it acts as an irritant, producing contraction, or whether it does not, we make the assertion that it is asking too much of any professional man to attach any importance either to the "conclusion," or the fact upon which it is based.

The second conclusion follows the fate of the first.

As to the non-contractile character of the gall-duct and the inference drawn therefrom, that no bile escapes



unless pressed out, we have about the same answer, with the additional teachings of clinical experience that bile from the liver or gall bladder is eliminated during certain modes of treatment. One fact of this kind, however little we may be able to explain it, weighs more with a practical and unprejudiced mind, than a host of experiments unnatural in their character.

Again: When no disease exists and therefore no remedy used, what becomes of the bile of the gall-sack, to say nothing of any direct elimination from the liver? Is it absorbed, or does any part of it pass into the duodenum? If the latter be the fact, and we believe none will deny it, then the whole matter is settled; for if this is its *natural* course, even when no *pressure* is used, then the same may take place under remedies, in spite of the non-contractile character of the outlet, and we need not waste time theorizing.

It is the fashionable theory now that calomel does not increase the secretion of bile, but rather lessens the amount formed, and, indeed, that it does not act upon any of the secretions to a beneficial extent. We will not attempt now to show how its action is beneficial, whether by increasing or decreasing the amount of secretion, but we do assert that it acts in some way so as to change that which was a disease into a normal condition.

We came across an article in the New York *Medical Record*, by O. H. Smith, M. D., upon large doses of calomel in uremic poisoning, where the efficacy of such a plan of treatment is illustrated by the recital of many cases. In each of these patients, some females, with dropsical effusion and œdema, some males, with diseased kidneys—all were benefited and indeed relieved by large doses of calomel. The remedy seemed to be called for wherever albumen appeared in the urine.

In cases of scarlet fever with dropsical symptoms, it was also used with the same beneficial results. In a

note reviewing the above article, by the editor of the *Nashville Journal of Medicine*, attention is called to the calomel treatment of yellow fever by Dr. Rush, and an assertion made that the philosophy of such treatment, which is known to have been beneficial, lay in the fact that after the albumen appeared the remedy acted properly; measures *before* this showed itself were of no curative use. Whether this be the key to the success of Dr. Rush or not, it is certain, we think, that the eliminative properties of calomel was what made it a valuable remedy in such cases; and the *time* at which it was used had, no doubt, much to do with it.

In fact, mercurials—however we may theorize as to their mode of action—exert a beneficial influence in all cases where the blood is not properly depurated.

Whenever an organ is so deranged in its parts that its proper function cannot be properly carried on, and the secretion is changed from a normal standard, such secretion may be in too large or too small quantity, or may be changed in character. Take the liver for instance. Is the elimination through that organ too sparse, calomel properly administered will, in a great majority of cases, be the remedy; is it increased beyond due proportion, calomel, by correcting in some manner the diseased condition of the organ, reduces it to its normal quantity. Is it altered in its character, calomel, in as great a proportion of cases, will bring it back to its healthy standard.

We know this is like blowing hot and cold with the same breath, but while it appears absurd to the idle looker on, we, as men of experience, know that such apparent opposite effects are actual facts, and no doubt could be, or at least is as capable of philosophical explanation as that of the same person alternately blowing hot and cold. Twenty grain doses of this drug, while it once was looked upon with allowance, has lately been scoffed at,—he who gives more than two or three grains is scorned.

The *dose* and not the *effect* is regarded as the standard to guide us. This is a wrong principle to apply to any remedy, for in many cases a small dose will produce as beneficial or as deleterious effect as a larger one in another case. There can be no unyielding rule. "Circumstances must govern cases" here as elsewhere.

And now as to "how calomel acts," is a question upon which more light is thrown by experience and experiment than by abstract reasoning.

We may not be able, even by experiments upon the lower animals, to decide beyond doubt that it either increases or decreases the secretions of certain organs, or fully to define its mode of action; but experience teaches us many useful lessons, if we will not blindly shut our eyes and grope among the ultimate facts, without having traveled the road and cleared away the rubbish that hides the truth.

One class of minds places the beneficial effects of calomel, which they see every day it exerts, in the same category with that of drastic cathartics. A fine expose of this view may be found in the following extract from the *Chicago Medical Times*:

"The same end may be attained by abstinence from food until the excretory organs can clear the blood of its impurities. Low dietary for a considerable period will give a similar result. The homœopaths, acting upon this principle, give no cathartics, but withhold all ingesta that would obstruct the system, while the excretory are active in ridding it of disease.

"If these proportions are correct, we may continue the use of drastics, as heretofore, with the hope of indirectly increasing the activity of the liver, and the better depuration of the blood; or reach the same end by resorting to the slower or more natural method of 'cutting off supplies' until the machinery shall purify itself."

No doubt that its effects are good in this way. Calomel is one of the best of purgatives, mild in its action, and one

of the most reliable; but that it has other action than mere purgative and cleansing out of the alimentary canal, is certain. Calomel has been condemned because of its supposed certain destructive effect upon the tissues at large, producing an impoverished state of the blood and weakening the various functions of the economy. That this is sometimes its effect, especially when used in excess of requirement or improperly, cannot be questioned; this is a common effect of a host of remedies under the same circumstances of use. This should not cause us to condemn, but should teach each one to use great judgment in its administration, both as to the aggregate amount, and as to the circumstances found in each case in which it is given. Alcohol is a good remedy in a number of cases, but he who does not discriminate, both as to the quantity and quality and the indication of individual cases, will find its action destructive, not restorative, and so of calomel.

We make, in a positive measure, the assertion that calomel is, under many circumstances, a *tonic* and *stimulant*. This is not a new thing, for various writers have embodied the same idea in their works, among whom are Headland and Billings. "The capillary blood-vessels," say they, "being distended in normal inflammation by their contained blood, are reduced in size by the action of antimony and *calomel* on the vaso-motor nerves, the blood is propelled onwards, exudation is checked, and heat, pain, redness and swelling go away, this not by any weakening effect of those agents, they must be described as instruments of tone and power."

In fact, gentlemen, the therapeutic action of various remedies is often that which acts as a *tonic*, is placed in the list as *sedatives*, as digitalis, bromide of potassium—experience may teach us *how* and *when* to use them, but we often err in the philosophical definition of their actions.

No doubt that calomel, under many circumstances, or



when used for a certain length of time, etc., may and does act as a defibrinator of the blood, and produces a dyscrasia of the system; but this is an additional example of the universal law that *all* remedies which have any effect at all, have rendered various conditions of diseased action, doses and length of use, various actions, producing various results. It is the judgment of the physician, and his knowledge of these circumstances which controls and modifies their action, upon which we must rely for safety. The swinging pendulum is on its return path. Witness the faint but unmistakable mark of the bloody lancet that appeared like a red signal light to warn us to be prepared; let us step aside and be not crushed by that which we cannot stop; but while we can not stop it, and while its return is inevitable, let us take the warning and seize the good that may scatter upon either hand, and not be among the blind extremists who pile up barriers only to be swept away, and leave them to follow in the wake raising a hue and cry to no purpose.

Holmes, in his *Dr. Gray* has caught the true idea:—"But sleep once more till thirty years comes round, you'll find the lancet in its honored place, leeches and blisters rescued from disgrace," and he might have with truth added "calomel."

Let us not, then, too much oppose, or cry down any of these potent remedies, nor, upon the other hand, let us not so use them as to abuse them, but we disquestion recognizing the unmistakable fact with reference to calomel, that nothing has, with all the searching, been found to supply its place, and that its ill effect may, in nine out of ten cases, be guarded against. I would gladly give it up if even a possible substitute could be named, but I am not disposed to permit a case to linger days or weeks, when through the use of a certain remedy it can be cut short or benefited, simply because that article has, through abuse by its very assailants, obtained a bad name.

Apropos, we would mention a psychological effect of calomel which may or may not be new to the rest of you, it is so to us: A certain old gentleman who was subject to the colic, or botts, as a brother practitioner called it, received at our hands a dose of the "giant;" upon a return visit, we found relief had been "sudden and sure;" he met us with tears and ejaculations of joy. Upon meeting him subsequently, he remarked that, "perhaps we thought him an insane man, but the truth was that the medicine affected him so that he could not restrain his emotions, "in fact," said he, "I had a true religious feeling at that time." Query—would it not be well, provided this feeling was produced by the calomel, that some members of the profession should, without delay, proceed to have administered to them a liberal quantity of this psychological wonder-working drug?

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### CHLOROFORM IN PARTURITION.

BY D. S. FIELD, M. D., OF JEFFERSONVILLE, IND.

Having had such *decided* and gratifying results from the employment of this agent in cases of obstetrics, lately, I have thought it might be of use to the timid to give a history of two cases coming under my observation quite recently:

The first was a lady in her first confinement—well developed, full term, good health, and promising an easy time. Taken with pains at 4 P. M., became more and more serious, till 8 o'clock, when I was sent for; found her, upon examination, with head presentation; occiput to left acetabulum, head lodged; back pains agonizing; she *wild* and unmanageable with pain; labor at a *stand*. The folks being afraid of chloroform, I used teaspoonful doses of laudanum every hour to stop said pains, and bring on uterine contractions; gave it in drachm doses

every half hour for sometime, finally giving three drachms at one dose. After waiting a sufficient time for its effect, and failing to obtain the same—my patient still wild and restless with sacral pains—I ventured the chloroform, when the most delightful and pleasing effect was experienced by my patient. When the agent was withdrawn for but a moment, she would plead for it, and I finally, after using it sometime, was gratified in the highest degree, as were the attendants, to find the child in my hands, after but two or three natural efforts.

The last case was a primapara—twins—presentations natural—labor going on smoothly till head became engaged in the inferior strait, where the most exhausting and distracting back pains ensued, putting a check on any further uterine contractions—and after having given chloral and laudanum faithfully, with no good results, I resorted to chloroform again, which gave entire relief in a moment, when no more trouble or delay was sustained. I am satisfied there is no agent equal to this in obstetrics. In the cases recited, the ergot was employed also.

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MESSRS. EDITORS: The following case may not be without interest in relation to the *weight* of the child.

Mrs. P. Brown, of Martin county, Ind., age 43, eighth pregnancy; twins once; other children having rather large, ordinary form; weight ordinarily 130; was called May 6th; case bad; she was attended by midwife, who, becoming alarmed at the delay of the passage of shoulders, sent for me; labor was reported to have been in progress eight hours when I arrived. A female child was born; weight 20 pounds, 2 oz; recovery fair; patient had an attack of intermittent fever, following nine days.

H. S. PARMENTER, M. D.

Loogootee, Ind.

## Proceedings of Societies.

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### AMERICAN MEDICAL ASSOCIATION.

The twenty-second annual meeting of the American Medical Association was commenced at Pacific Hall, San Francisco, California, Wednesday, May 3d.

About two hundred medical gentlemen were present. The present officers are: President, Dr. Alfred Stille, of Pennsylvania; Vice-Presidents, Dr. J. S. Wetherby, of Alabama; Dr. Henry Gibbons, of California; Dr. G. J. Heard, of Texas; Dr. Samuel Willey, of Minnesota. Permanent Secretary, W. B. Atkinson, M. D., Philadelphia; Assistant Secretary, Dr. Joseph Tucker, of California; Treasurer, Dr. Caspar Wistar, of Pennsylvania; Librarian, Dr. F. A. Ashford, of District of Columbia.

About half past eleven o'clock, Dr. Arthur B. Stout called the meeting to order, and introduced the President, Dr. A. Stille, who was greeted with applause.

The Right Rev. Bishop Kip was next introduced, and offered a prayer to the Throne of Grace.

After some preliminary work made as to address of members, acception of invitation, &c., President Stille delivered the annual address, which we will publish in the next number. Each one must judge of the matter presented by him for himself. We consider it a very fair statement of the progress and present condition of medicine up to the present time. Some thoughts are started which it would be well for medical educators and physicians, generally, to elaborate and make of practical use.

The reports of a large number of Committees were expected. But few of them responded to the invitation of the Chair, and those principally to gain time. The report on "Protest of National Surgeons, etc.," by Dr. S. W. Ruschenberger, U. S. N., was read and was laid



on the table. That "On a National Medical School" by Dr. Francis Gurney Smith, of Pennsylvania, was voted, received and adopted. That on "Criminal Abortion" was referred to the Committee on Obstetrics. That on "Medical Education" was sent in printed by Dr. Geddings and will be read at eleven A. M., to-day. That on "Prize Essays" by Dr. T. M. Logan, will also be read to-day. The reports on the "Climatology and Epidemics," of various states, were for the most part continued till next year. That on the climate, etc., of California, by Dr. F. W. Hatch, was referred to the special Committee on the subject. A voluntary communication on "The Operations for Stone," was referred to the Committee on Surgery.

A ride to the Clift House, a visit to Tolend Medical College, and "collations" seemed to have continued most of the second day. The report of the officers of the Nomination, and the various committees, together with some volunteer papers, were before the body upon the third day. The report of the Committee on Nomination was as follows:

Alabama, J. S. Weatherby; California, J. M. Logan; Colorado, G. R. Bibb; Connecticut, E. K. Hunt; Washington, J. M. Toner; Illinois, A. L. McArthur; Indiana, G. W. Mears; Iowa, S. B. Thall; Kansas, D. W. Stormont; Kentucky, T. N. Wise; Maryland, J. Morris; Massachusetts, E. Cutter; Michigan, Dr. Douglas; Missouri, Dr. Golding; Minnesota, N. B. Still; Nebraska, John Black; New Hampshire, J. L. Swett; New Jersey, W. Elmer; New York, B. F. Dawson; Ohio, R. S. Gilchrist; Oregon, Daniel Payton; Pennsylvania, F. G. Smith; Rhode Island, G. L. Collins; Vermont, Harvey Janes; West Virginia, R. H. Cummins; Wisconsin, J. K. Bartlett; U. S. Navy, Philip Landsdale.

#### ELECTION OF OFFICERS.

The Committee on Nominations made the following

report: We commend for officers, President, Dr. D. W. Yandell, of Kentucky; First Vice-President, T. M. Logan, of Californian; Second Vice-President, Thos. L. Ives, of Alabama; Third Vice-President, R. M. Mitchell, of Alabama; Fourth Vice-President, J. K. Bartlett, of Wisconsin; Assistant Secretary, D. Murray Chester; Librarian, F. A. Ashford, Philadelphia; Treasurer, C. Weston, Philadelphia. Next place of meeting, Philadelphia.

On motion of Dr. Davis, the report was accepted, and the officers unanimously accepted.

Time of meeting, 1st Tuesday in May, 1872. The Committee have selected as

*Committee of Publication*—Dr. F. G. Smith, of Pa., Chairman; W. B. Atkinson, Pa.; D. Murray Chester, Pa.; F. A. Ashford, D. C.; Caspar Wistar, Pa.; H. F. Askew, Del.; J. Aitkin Meigs, Pa.

*Committee on Prize Essays*—Dr. A. Stille, Chairman, Phila.; F. G. Smith, Phila.; D. A. O. Donnel, Balt.; B. F. Dawson, N. Y.; L. P. Bush, Del.

*Committee on Medical Education*—J. S. Weatherly, Alabama, Chairman; L. Cooper Lane, S. F.; J. M. Toner, Washington; Samuel Willey, Minnesota; W. O. Baldwin, Alabama.

*Committee on Medical Literature*—T. Parvin, Indiana, Chairman; — Carpenter, Oregon; J. P. Whitney, San Francisco; — Mendenhall, Cincinnati; L. P. Garvin, Rhode Island.

*Committee on American Medical Neurology*—Chairman, John D. Jackson, Ky.; Chas. W. Parsons, R. I.; E. A. Hildreth, West Va.; Wm. Lee, Washington, D. C.; T. M. Logan, California; W. C. Warrenner, Oregon; H. D. Holton, Vermont; W. J. Scott, Ohio; W. D. Buck, New Hampshire; A. Sager, Michigan; V. Kersey, Indiana; A. E. Ames, Minnesota; H. K. Steel, Colorado; — Mason, Wisconsin; S. D. Gross, Phila.; D. W. Stormont, Kansas; J. B. Johnson, Missouri; H. R. Storer, Mass.;

H. W. Rushenburger, U. S. Navy; I. W. H. Baker, Ia.; O. J. Hamilton, Illinois; — Peabody, Nebraska; L. P. Bush, Delaware; G. W. Russell, Conn.; Paul C. Chew, Maryland.

*Committee of Arrangements*—Dr. E. Hartshorne, Chairman; Drs. S. W. Gross, Murray Chester, J. F. Maury, James Tyson, S. W. Mitchell, John H. Packard, William Pepper, Richard Townsend.

OFFICERS FOR THE SECTIONS.

*Chemistry and Materia Medica*—Prof. R. E. Rogers, Philadelphia, President; E. Cutter, Mass., Secretary.

*Practical Medicine and Obstetrics*—D. A. O'Donnell, Bal., President; B. F. Dawson, N. Y., Secretary.

*Surgery*—John T. Hogden, Missouri, President; W. F. Peck, Davenport, Iowa, Secretary.

*Meteorology and Epidemic Diseases*—George Sutton, Indiana, President; Elisha Harris, N. Y., Secretary.

*Medical Jurisprudence*—S. C. Busey, Washington, President; E. L. Howard, Baltimore, Secretary.

*Physiology*—J. C. Dalton, N. Y., President; D. Payton, Oregon, Secretary.

*Psychology*—Isaac Ray, Philadelphia, President; John W. Kirwin, Pa., Secretary.

*Library Committee at Washington*—Dr. J. M. Toner.

*On the Climatology and Epidemics of*—Maine, Dr. Wood, Portland; New Hampshire, A. B. Crosby; Massachusetts, E. Cutter; Rhode Island, Edward T. Caswell; Connecticut, I. C. Jackson; New York, Dr. W. F. Thoms; New Jersey, E. M. Hunt; Pennsylvania, W. S. Wells; Maryland, C. H. Ohr; Georgia, A. I. Senimes; Missouri, W. S. Edgar; Alabama, Dr. R. T. Mitchel; Texas, S. M. Welch; Illinois, D. Prince; Indiana, D. Clark; District of Columbia, Dr. J. W. H. Lovejoy; Iowa, I. Williamson; Michigan, Douglas; Ohio, J. A. Murphy; California, Dr. F. W. Hatch; Tennessee, B.



K. Bowling; West Virginia, E. A. Hildreth; Minnesota, Charles N. Hewitt; Virginia, Wortham; Delaware, L. B. Bush; Arkansas, Dr. Sinks; Mississippi, J. P. Moore; Louisiana, S. M. Benitss; Wisconsin, J. K. Rantell; Kentucky, L. P. Yandell, Sr.; Oregon, E. R. Fisk; North Carolina, F. J. Haywood; Colorado, R. G. Buckingham; South Carolina, M. Simmons.

*Special Committees*—Dr. A. L. McArthur, Chicago, Ill. On the nature and process of the restoration of bone.

George Sutton, Indiana. Comparative Pathology and the effects which diseases of inferior animals have upon the human system.

Dr. Antisell, Chairman of the Committee on the cultivation of the Cinchona Tree.

*Vaccination*—Chairman, Dr. T. M. Wise, Kentucky.

*Anatomy and Diseases of the Retina*—R. F. Mitchell, Alabama.

*Some Diseases Peculiar to Colorado*—John Elsner, Denver, Colorado.

*Skin Transplantation*—J. Ford Thompson, Washington D. C.

J. K. BARTLETT, Secretary.

#### THEN CAME THE FEMALE PHYSICIAN QUESTION,

Under the head of unfinished business, an amendment to the Constitution, offered at the last meeting of the Association by Dr. H. Hutchinson, of Philadelphia, was taken up for consideration.

The proposed amendment is embodied in the following resolution: *Resolved*, That the Constitution shall be so construed as not to exclude delegates from Female Colleges.

Dr. Harding, of Indiana.—I move the adoption of that resolution, and would like to make a few remarks pertinent to the question which is termed vexatious. It



has been before this association repeatedly, year after year, and the time has now arrived when it should be definitely settled. I can see no good reason why females should not be allowed to practice as physicians—can see no good reason why, when practicing physicians, they should not be admitted to this Association as delegates, when qualified. They have arrived at that point when their professional ability and zeal cannot be ignored, even by those who claim to have the least respect for them. You all realize the necessity for taking action in this matter, and that speedily; for your professional duties have brought you more or less in contact with female physicians. These women have combated against all opposition; have overcome nearly every obstacle thrown in their path, and now simply ask a recognition from us—a mere recognition of them as physicians and not interlopers. Gentlemen, you cannot give them the cold shoulder; such a course would be entirely inconsistent with the profession in the estimation of intelligent right-minded people. You cannot shift the occasion by placing the question in a false position, even were any of you so disposed, but must consider it impartially. With me it is not simply—"Shall we admit the women as delegates," but "Is it not for the interest of the profession to aid them in every possible manner?" Suppose that we refuse their applications, what may be the result? Instead of harmony in the profession we shall have strife, and the legitimate practice of medicine will be endangered. If we refuse the women admission, we shall drive them into homœopathy, etc. Let the women come in, open the Colleges to them, dash down the barriers and all will be well. (Applause.)

Dr. Davis, of Illinois.—I hope that the question will not be disposed of until the Association understand its full meaning. What does the proposed amendment mean? Gentlemen, it means that the delegates from female Colleges—whether male or female—are eligible

to become members of this Association. Thus far they have sent a male representative, but if we adopt this proposed amendment, the door will then be thrown open to females, and these females will undoubtedly come in. But pause, and think for a moment. Has the time come when you are willing to throw aside all distinctions as to sex? Will that time ever come? Is there no difference between the sexes? And are we to forget all distinction because of popular clamor? I make no comparisons as to the merits of the relative sexes for the profession; but I say, gentlemen, "Let the female remain in her sphere, and I will remain in mine." (Applause.) I will say to her, "You no more can do the work designed for me than I can do the work designed for you." Woman has her sphere; man has his sphere, and the assumption that woman rises when she unsexes herself, I claim to be erroneous. But if we are to admit of the change; if woman is to step into every profession, then she will take the shape, the plan and the rough work of man—who will admit such work to be within her sphere? The creator has given the sexes many distinctive features, and intended each for a different sphere. This fact is unmistakable. Woman, pure woman, may be a power in the land—in her sphere. Then let her not mistake her sacred mission as wife and mother, as the light of the household. Let us not yield to the cry of "Woman's rights," as now construed. I have had women at the clinical basin, stripped a patient before them, made examinations and remarks, conducted myself with the same freedom which characterizes the ordinary clinic, conversing about the case and explaining all its important points. But, gentlemen, after all my experience, I am more firmly convinced than ever that it would be better for these women if they remained in their sphere. (Applause.)

Dr. Donahue, of Ohio.—I move that the resolution be tabled. The motion was withdrawn.

Dr. King, of Pennsylvania made an able, elaborate address in behalf of the amendment. Not being a speaker, he did not propose to say much, but he wanted the question settled. In his own local society, it had been defeated and defeated year after year, and it was getting troublesome. It was beneath the dignity of an association of learned scientific men to war with women. (Hisses.) If they must exercise their bellicose propensities, they should enlist under General Crook, to fight the Apaches. Gentlemen had talked about the sphere of woman. Would these gentlemen be a little more explicit in their definition of the meaning of the word sphere. Perhaps they would take India for their standard—where the women were treated as brute animals—

“Doomed by the law of man to toil;  
Yoked to the plow and fettered to the soil.”

Let them assist in lifting up woman—if they considered her degraded. Some gifted minds had handsomely termed her “the ministering angel.” That sounded well, smacked of euphony, but according to their definition it was not practical enough. Could she not be a ministering angel and also a physician? “Oh, no, she lacks the intellectual capacity for such a purpose. She is weak and silly, and cannot grasp with the science of medicine. We have the intellect; we can grasp,” said the speaker. Why, he had examined the records of the Female College of Philadelphia, and knew what he was talking about; knew that the women had made rapid strides in the profession, and that many of them were skillful practitioners. If it was consistent with the code of ethics, and he believed such to be the case, the women should certainly be admitted to the Association. As the case now stood, a member of the Medical Association could not recognize a female as a member of the profession; could not consult with her. If he was summoned, and found a woman had charge of a case—what could he do? According to the law of



the Association he must say to her, "Walk out of this house, and let me take exclusive charge of this case." The speaker would rather remove his right arm than perform so mean an act. As the case now stands he could not consult with the President of the Association, the eminent Dr. Stille, and this because the Doctor was consulting physician in the Philadelphia Female Medical College. Under the present *regime*, if the Association consulted with its President, it stultified itself. (Applause and hisses.)

Dr. Henry Gibbons, made a brief speech upon the question. He favored the amendment; believed that women had a perfect right to practice medicine, but did not think mixed colleges healthy. He believed that his residence upon the verge of the continent, away from the turmoil and strife over the woman question in the East, qualified him to consider the matter dispassionately. He was astonished at the course of his old friend, Dr. Davis, and the *ad captandum* argument he presented. The question being one of vital importance demanded serious consideration at the hands of the members.

Dr. Johnson, of Missouri, opposed the amendment.

Upon the fourth day the woman question came up again.

Dr. Atlee, of Philadelphia, offered the following resolution:

*Resolved*, That the American Medical Association acknowledges the right of its members to meet in consultation the graduates and teachers of Women's Medical Colleges, provided the code of ethics of the Association is observed.

Dr. Storer hoped that no action would be taken on the resolution. Inasmuch as the question was discussed fully yesterday, he would protest against the question coming up again. He thought that the sense of the Association was fully ascertained by the votes already taken.



Dr. Johnson, of Missouri, had a few words to say in behalf of the resolution. He hoped it would pass. This was not a question as to the admission of women into the Association; it was merely a resolution to protect the medical science. He would regret to have the women assailed by the Association; any honorable man would agree with him on that proposition. Let the women have their own associations and manage their own affairs—but when it comes to consulting, all barriers should be removed. (Applause.)

Dr. Gibbons called for the reading of the resolution.

The Secretary complied with the request.

A SPRIGHTLY DISCUSSION.

*Dr. Storer.*—I move to lay the resolution on the table. (Applause.)

*Dr. Johnson.*—Can a motion be made while I have the floor?

*President.*—No, sir.

Dr. Johnson continued his remarks, showing the peculiar position in which the President was placed as consulting physician of a Female Medical College in Philadelphia. According to the existing state of affairs, even members of the Association could not consult with the President without violating its laws.

When Dr. Johnson concluded, cries of "Question?" "Question!" "Dr. Atlee!" "Dr. Atlee!" were heard.

*Dr. Atlee.*—Gentlemen, we only ask for this Association a certain endorsement in the course pursued. The peculiar position we of Philadelphia occupy, compels us to demand the attention of the Association; all we ask is a definition of the course we are to pursue.

Cries of "Question!" "Question!"

Dr. McArthur, of Illinois, suggested the settlement of the question by the local society; if that became impossible, then it might be appealed to the National Association. In the present case there was no necessity for the

Association to decide the question—it would not change the condition of affairs.

*Dr. Gibbons.*—Then, why not vote upon the question at once?

*Dr. McArthur.*—It would simply be a work of supererogation.

*Dr. Gibbons.*—Does the gentleman mean to say that it is wrong for this Association to make a declaration of truth? Am I to understand that the Association will shirk its duty, and leave so important a matter in a chaotic state? Answering for many of the intelligent faces before me, I may answer in the negative.

“Question,” again from all quarters.

*Dr. Toner.*—I have an amendment to offer: “*Provided*, That they are supported and recognized by the local and State Medical Societies.”

*Dr. Storer.*—I call for another reading of the resolution.

Request complied with.

*Dr. Storer.*—One word, Mr. Chairman. (Cries of “Go on!” “Question!”)

A vote taken on the amendment offered by Dr. Toner resulted as follows: Ayes, 53; noes, 61. Lost. (In voting, delegates arose and were counted by the Secretary.)

*Dr. Storer.*—I call for the ayes and noes on this question.

The Association, by a vote taken, decided against the calling the ayes and noes.

*Dr. Stout.*—Unless we adjourn the Oakland excursion project will be defeated.

*A Delegate.*—I have some resolutions to offer.

*The President.*—You are out of order, sir.

*A Delegate.*—I call for the reading of Dr. Atlee’s resolution.

The Secretary again read the resolution.

*Dr. Storer.*—One word—(Cries of “Question.”)

*Dr. Storer.*—I will state, with all due respect to the honored President—and I esteem him highly—that if we endorse him in his capacity as consulting physician of the Philadelphia Female College, we stultify ourselves. And if he had been consulting physician a year ago, he would not occupy his present position.

*(Dr. Gibbons.*—I call the gentleman to order.)

*Dr. Storer.*—I accept the order, and proceed to state that our President himself has expressed his views on this question—and he has had experience. (Cries of “Question,” “question.”)

*Dr. Toner.*—I wish to say—(An incessant din prevented our reporter from hearing what was said.)

#### THE ORIGINAL RESOLUTION.

The question recurred upon the original resolution.

*Dr. J. M. Brown* moved that the subject matter be indefinitely postponed.

*Dr. Toner* moved to lay the resolution upon the table.

The President called for an expression of opinion by the Association.

Misunderstanding the question before the house, many delegates arose; then became seated and continued to give evidence of indecision, until the body of the house recalled reminiscences of the fishing experiences by the incessant bobbing in progress.

Finally a delegate called upon the President to state the question.

*Dr. Atlee* called for a vote upon the original proposition.

*Dr. Davis* desired to know if the Association would falsify its record of yesterday and continue to wrangle until it was too late to go over the bay. The question under consideration did not amount to any more than tweedledee and tweedledum at best.

*Dr. Cole.*—I move that we adjourn until 8 o'clock this evening, and make the consideration of this resolution the special order. Carried.

## THE OAKLAND EXCURSION.

The members of the Association, together with other invited guests, proceeded to the Oakland boat under the escort of Professor Carr, and paid the promised visit to the "city over the bay."

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## City Hospital Reports.

BY E. HADLEY, M. D., INDIANAPOLIS.

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CASE 1. A female aged 19, born in N. Y., was admitted to Hospital Dec. 14, 1870; medium height, and slender; says she is an orphan girl; raised in N. Y. city; during childhood underwent great exposure and hardship; is now anæmic, emaciated and pale; poor health; commenced by cough and pain in chest six months ago; has flat, shallow chest; intra-clavicular spaces sunken, especially on left side; moderate dulness on both sides, over all of left and over apex of right; exaggerated respiration over lower lobes of right lung; broncho-vesicular respiration, with jerking, and increased fremitus over all excepting the lower lobe of right side; heart sounds abnormally rapid; diagnosed phth. pulmonalis. For treatment, was placed on good hygiene, good food, cod liver oil, iron, pepsin, bitter tonics, &c., changed to suit condition of patient. Sometimes apparently improving—again seems prostrated and declining. Was troubled with expectoration—coughs some—no night sweats.

*April 6*—About 10 o'clock at night, has congestion of lungs; chest engorged; heart tumultuous; pulse only perceptible; extremities cold; bi-carb. ammonia, grs. 4, gives almost immediate relief; slept tolerably well rest of night.



*April 7*—Very feeble and prostrated. Died at 9 o'clock A. M. Held post mortem examination at night following: Slight adhesions at apex of the left lung. This lung filled throughout with scattered tubercles. Near apex are few small vomicae—the largest being about half an inch in diameter. On right lung, tubercles fewer, but clustered at apex; only three or four vomicae here. No tubercles in lower lobe of this lung. Right ventricle of heart filled with red clot; left ventricle contains smaller, but fibrinous clot; also reaches couple of inches into aorta. Other organs normal.

*CASE 2.* A mulatto male, aged 20, born in Indiana. Severe cold and fever, from which he never fully recovered. Probably had pneumonia at that time. By measurement find left side of chest two inches smaller than right side. Chest flat, especially left side. Spine, and entire upper portion of body, bent to left side. Flatness by percussion over base of left lung; dulness over apex of same. Tubular respiration at base, vesiculo-tubular at apex of same lung. Sub-crepitant and mucous rales over the whole of left side. On right side, dulness and crepitation over apex. Resonance and respiratory murmur over lower lobes of right side exaggerated. Endeavor to place him on similar treatment as Case No. 1, but he has no courage whatever. Would sit by hot stove all day if permitted. Compelled him to exercise, &c.

*March 6*—First time detect slight cavernous respiration in apex of left lung.

*March 20*—Has no appetite, and if possible, less spirit. Troubled with cough and expectoration of matter; night sweats; cavernous breathing over larger space, and more marked. Think there is already a large cavity formed.

*April 22*—Died with lungs congested. Held post mortem examination at night: Extensive pleural adhesions on both sides, especially the left. Numerous small cavities—one half inch in diameter—in upper lobe of left

lung; many of them communicate with each other; many evacuated. Few vomicæ in apex of the right lung. Lower lobe of left side a hard mass of black cartilaginous substance. Soft, red clots in both ventricles.

CASE 3. A male, aged 24, born in Indiana, was admitted to Hospital, March 28, 1871. Enjoyed good health till last December, when he caught a severe cold. Caught "cold" (probably pneumonia) again in early part of January; confined to house and bed since then. Received no medical attention then. Greatly reduced and prostrated. Tympanitic resonance over upper lobe of left lung; also cavernous respiration. Flatness and tubular breathing in lower lobe. Dulness in apex of right lung.

*April 1*—Died. Had been delirious all night before death. At autopsy found nearly complete, and firm, adhesions of pleuræ on left side; also a cavity occupying entire upper lobe except a thin outer surface; had appearances of being old; entirely evacuated; lined with opaque cicatricial tissue. Remainder of lung on this side, hard, black, dense substance. On right side, in apex, a small evacuated cavity, size of walnut; more recent.

CASE 4. An old man, age 78, born in Pennsylvania, was admitted to Hospital April 8, 1871. Has been confined to bed all winter; appears full-faced and in fair condition, except debility from age. Has some difficulty in breathing. On auscultating, find little asthmatic respiration. Chest normally resonant, except upper part of each were almost tympanitic. Fed and nursed him well.

*April 16*—Patient died unexpectedly in moving. At night had autopsy. Each pleural cavity contained sixty fluid ounces of clear serum; pericardium contained four ounces; lungs compressed into upper part of chest into about one-third their nominal size. Lung substance

wasted away and the organs nothing, scarcely, but a mass of bronchial tubes—were exceedingly tough. The heart weighed twelve ounces, and was so fatty and soft as to offer little resistance when compressed between the fingers; outer surface, for a depth of one-quarter of an inch yellow fat; base of semi-lunar valves, calcareous; coronary arteries calcified throughout entire extent; coat of arteries stripped off, leaving tubes of the calcareous matter.

CASE 5. An Irishman, aged 45, was admitted April 12, 1871. Is a powerful muscular man; six feet high; weighs (or did) 225 pounds. Is laborer at the gas works. Two weeks before admittance he lifted from the ground one end of a buggy of coal, which weighed 1000 pounds; was an unusual exertion. Experienced no inconvenience at the time, but after three days felt pain and soreness about right shoulder axillary and pectoral region. Applied to a physician who gave him a blister 5x5 inches square to put under axilla. After this vesicated, the patient to get all the virtues from the plaster, shifted it to the pectoral region. At this time was received at the Hospital. Both blisters had ruptured themselves, and had never been dressed. Pectoral and axillary regions red, swollen and indurated; looked somewhat like erysipelas. Dressed blisters and applied cold; also gave nourishing food and tonics; beef-tea, punch, &c., as he was much reduced in flesh and strength.

*April 20*—Inflammation increasing; purplish; becoming painful; substituted hot poultices with laudanum to hasten suppuration.

*April 21*—Lanced side, below axilla, when nearly half pint of pus flows; continues discharging slowly; continued poulticing.

*May 8*—Parts still red and indurated; apply over parts twice a day, tinct. iodine, glycerine, equal parts.

*May 18*—Induration disappearing; flow of pus stopped.

*May 23*—Induration almost completely gone; opening

not healed; sufficient serous discharge during day to wet thin linen dressing. Improving in general health rapidly.

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## Gleanings from Foreign Journals.

TRANSLATED BY DR. GUIDO BELL.

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Dr. *Haas* gives a very interesting report on the *Tep-litz-Baths*. Out of more than seventeen hundred cases in the last few years, he mentions several of paralysis, chronic arthritis and rheumatism, caries, contracture and atrophy cured by these baths. A lady 69 years of age, not able to move any joint, even of the fingers, was entirely cured, of course after three seasons.—*Prager Vierteljahrsch.*

Dr. *Weiske* has proved that cellulose can be digested when vegetable food is taken exclusively.—*Ibidem.*

Dr. *Haussman* found the fungi in the vagina and those in the mouths of babies identical, and proved the transplantation of both. Their development causes the alkaline reaction. He recommends to clean the mouth and eyes of the new-born and to nurse them immediately after birth.—*Ibidem.*

Prof. *Schiff* found a diminution of bile, after a fistula of the gall bladder was performed, but an increase when bile was injected in the bowels. He says: "Resorbed bile seems to induce a higher secretion of bile. The bile flows to the intestine when the bladder is entirely filled, not sooner. After entering of the bile into the bowels, the gastric juice loses its digesting power, even when bile is retained by a fistula. That must



be caused by the intestinal secretions. I proved it by experiment." He found, also, that the pancreatic juice does not digest abumen when the spleen is extirpated.—*Ibidem*.

A. Bernard says the digesting apparatus, especially the liver, produces the animal heat during fever. Jacobson and Leyden found by experiments that the heat in the liver and the anus increases and decreases equally in feverish and healthy state. *Bernard's* hypothesis is contradicted.—*Ibidem*.

Recovery after the excessive heat of 105° F. seen in a case of erysipelas.—*Arch. f Heilkunde*.

The production of heat is not increased by cooling of a large portion of the skin.—*Senator*.—*Virchow's Archiv*.

After Dr. *Berch*, the symptoms of Addison's disease are caused by tuberculous inflammation of the suprarenal glands propagated to the nerves in the vicinity and followed by atrophy of them.—*Deutsches Archiv*.

Hemorrhage in cases of leukæmia is caused by the white blood corpuscles; they stop the stream in the capillaries and rupture the membranes.—*Archive de physiologie*.

In paralysis agitans, only iron, chlorate of baryta and the constant current are to be recommended.—*Gaz des hopitaux*.

Paraplegia dolorosa in consequence of cancer of the breast is mentioned by *Simon*.—*Berlin klin. Hochensch*.

A new arrangement will enable us to furnish more complete abstracts from German journals for the next number.

## Editorial.

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### OUR JOURNAL AND NEW SUBSCRIBERS.

We are much encouraged by the daily increase of our subscription list, and hope that the general interest manifested in the support of a Medical Journal in Indiana will continue, until it reaches every member of the profession within our borders. The necessity of having an organ of communication, whereby every matter of common interest can be spread before the physicians all over the State, is of vast importance.

Physicians should remember then, wherever a Medical Association or Society is formed, that to publish the fact, and their proceedings in our journal, is in reality extending their medical acquaintance to all parts of Indiana, and, in fact, to the profession of the United States.

Physicians should remember that each new exposure, each new remedy or mode of application, is of interest to us all; and we invite brief, truthful statements and communications from each one.

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NEW REMEDIES.—In the past ten years we can recall the introduction, laudation and rejection of many of “the most important adjuncts to the healing art ever discovered. Among these, hydrate of chloral was the most important, and perhaps the best. We remember when Indianapolis had only an ounce on trial, and in a year’s time we saw one druggist alone have one hundred pounds of the soothing salt on sale at one time. Now, we believe, it has increased in about the same proportion all over the country. It occasionally is given in too large doses; also, in the last stages of disease it is given in hope to relieve the suffering, when no other remedy could be given—and now and then a death occurs, when

it gets to the ears of some brainless reporter or country editor, and the remedy is pronounced as most dangerous, physicians denounced as criminal for administering it, and the tide sets in to condemn the medicine because A, B, or C died after taking it.

The New York *Times* has put itself to the trouble of interviewing a few gentlemen of the profession, (who are ever ready to be interviewed) upon the subject of hydrate of chloral: Drs. Hammond, Stephen Smith, Dixon, Fordyce Barker and others, who, doctor-like, have known of patients killed with it, in other hands, and have narrow escapes themselves; and so the *N. Y. Times* sagely advises its readers not to use it. The thousand and one exchanges take up the article of the *Times* and pass it round. We hope physicians will not be alarmed at this turn in fashion, for fashion is as inexorable in medicine as in dress. We think the *N. Y. Times* and other papers would suppress the fact of death from chloral, and its condemnation by a few physicians, if chloral hydrate was only as largely advertised as Mrs. Winslow's Soothing Syrup. Yet there is hardly a physician of any respectability in the land, who could not give a list of deaths from the use of Mrs. Winslow's Soothing Syrup, and a thousand other quack preparations which are urged upon the public as blessings, by the *Times* and other newspapers.

If the *Times* and other papers would condemn the use of all medicines, except where prescribed by a physician, it would be a good thing for its readers, who are constantly trying to poison themselves into a state of health through pills, powders, bitters, tonics, lotions and potions too numerous to mention.

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MEDICO-LEGAL.—There are constantly accruing in the various courts, matters which involve medical subjects, and we would be obliged, if in such cases our medical friends would give us reports.

THE STATE MEDICAL SOCIETY.—It should be remembered that the State Medical Society will convene at Indianapolis on the third Tuesday in June at 9 o'clock. All are invited, and a good time may be expected. We understand that the Society will be entertained by the Indianapolis Academy of Medicine.

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THE first number of the fourth volume of the *American Journal of Obstetrics* has been received. This quarterly was commenced in May, 1868, and has been improving in appearance and matter each year since. We consider the present May number among the best we have received. It is a journal that every practitioner should desire to have. It was formerly published by W. A. Hounsera & Adams, 177 Broadway, but at present is issued by Wm. Baldwin & Co., 21 Park Row, New York, to whom all communications pertaining to business should be addressed.

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DR. W. B. FLETCHER, retiring from the editorial staff of the JOURNAL—his place has been filled by Dr. Charles E. Wright. While we “mourn the loss” of our genial co-laborer, Dr. Fletcher, we congratulate ourself and readers in receiving the services of Dr. Wright.

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INDIANA STATE MEDICAL SOCIETY.—A very large attendance of the medical profession of the State is desired and expected at the meeting of the Indiana State Medical Society, in Indianapolis, on the 20th, 21st, and possibly the 22d of June. Important professional interests are to be considered; interesting reports and papers read, and the medical profession of the city will give a supper to the Society on Tuesday evening, June 20th, at nine P. M., after the delivery of the address of the President elect. The Indianapolis, Peru and Michigan



City Railroad, Junction Railroad, Terre Haute, Vandalia and Indianapolis Railroad, St. Louis Railroad, Cincinnati and Lafayette Railroad, and Bellefontaine R. R. have agreed to bring physicians at full fare and return them free, on the certificate of attendance by the Secretary of the Society. The same half-fare arrangement will probably be made with every other road leading to this city. Inquiry at the local ticket offices will decide when such arrangements have been made.

L. D. WATERMAN,  
Chairman Com. Arrangements.

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## Miscellaneous.

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MISTAKEN IMPRESSION OF NITROUS OXYD.—In the January number of *The Cincinnati Lancet and Observer*, the leading communication is from the pen of W. W. Dawson, M. D., of Cincinnati. It is lengthy, interesting, and shows commendable research. In the main we like it, but must call attention to an obvious error in its teaching, which we the more cherfully do, as Dr. D. and the writer are natives of the same hazel thicket—a most delectable place, where the trees grow a little taller, the sun shines brighter, and the birds sing clearer than elsewhere.

In speaking of NITROUS OXYD, Dr. D. says: “Its safety depends on the fact that persons are kept under its influence but for a moment. Protract its administration as we do chloroform and ether, and its victims would far outnumber those of all the anæsthetic agents combined. No surgeon or physician who has stood by and witnessed a dentist give nitrous oxyd for the extraction of teeth, would be willing to hazard any individual under the full

influence of this gas, for an operation that would last *one half minute*. The appearance of the person while inhaling, as he is pushed beyond the point of excitement, to a condition of insensibility, is fearful; the pulse is quick, the breathing labored, the vessels of the face and neck are turgid, the face assumes an ashy hue; indeed, the whole aspect is one of danger."

The above is a graphic picture of a series of rather formidable symptoms, and probably falls even short of the reality, as seen by Dr. D.; but as we have spent more months than he has minutes in the investigation of nitrous oxyd, it will not be considered presumptuous if we "show unto him a more excellent way."

For nearly three-quarters of a century, experiments with nitrous oxyd, were conducted mainly by adventurous mountebanks and self-styled "professors," who administered to the patients their own breaths and something else, the compositions of which was unknown alike by professors and victims. Even the experiments of Sir Humphrey Davy are almost valueless, from the fact that in all of them the breath was re-inhaled with the gas. Even as late as the fall of 1866, the "Colton Dental Association" practiced this method, giving the gas from rubber bags; and not far from this time, Mr. Colton, in an article published in one of the dental journals, advocated the re-inhalation of the breath as necessary to complete anæsthesia. As far as we know, this mode of administration was then in very general use.

With such administration, the symptoms detailed by Dr. D. will be often observed; but it is *carbonic acid*, and no nitrous oxyd, that causes them. And it has been a view from this stand-point, that induced Dr. Richardson to make the remark quoted by Dr. D.; for it is true from no other. Richardson's remark is as follows: It can not be too widely understood, that protoxyd of nitrogen, is not an *anæsthetic*, in the true sense of the word, but an

*asphyxiating agent ; that its effects are identical with those of poisoning by carbonic acid gas."*

It is not likely that a greater amount of error could be embraced in so short a sentence, as the oxyd is an *anæsthetic*, and will revive an *asphyxiated patient more promptly than atmospheric air*.

But Dr. D., or some one, may say that these symptoms have been seen where valved inhalers have been used. This is true ; and carbonic acid is the agent producing them still. During the first few inhalations of nitrous oxyd, carbonic acid is given off in great abundance, so as to almost smother the patient when proper precautions are not observed. The exhaling valve is nearly always far too small ; and when the expiration is retarded in this, or any other way, much of the carbonic acid passes back into the circulation. A disposition to economize gas, and a belief (from erroneous teachings by those who should have known better), that atmospheric air must not be admitted to dilute the gas in the air cells, result in the poisoning of many patients by the return of carbonic acid to the blood, in obedience to the law of gaseous diffusion. In this way the symptoms may be almost the same as if the gas were administered in connection with the breath.

We have administered the gas almost daily, and often many times a day, for months, without seeing the complexion darkened, the face or neck turgid, or the muscles rigid. In a majority of the cases the patients were tranquil throughout, not delirious, and often completely *anæsthetized*, while perfectly conscious.

If, however, sufficient attention is not given to the expiration, and carbonic acid is allowed to pass over, there will be muscular contractions and delirium, with darkening of the complexion, in short, the formidable array described by Dr. D.—*Dental Register*.

# LIST OF EXCHANGES.

Druggists' Circular.....	Box 4246, New York
Boston Journal of Chemistry.....	150 Congress street, Boston
Boston Medical and Surgical Journal.....	Boston, Mass
California Medical Gazette.....	417 Montgomery street, San Francisco, Cal
American Practitioner.....	Louisville, Kentucky
Medical and Surgical Reporter.....	115 South Seventh street, Philadelphia
Cincinnati Medical Repertory.....	Cincinnati, Ohio
Chicago Medical Times.....	163 South Clark street, Chicago
Chicago Medical Examiner.....	12 Clark street, Chicago
Cincinnati Lancet and Observer.....	319 Elm street, Cincinnati
Medical Bulletin.....	Baltimore, Md
Detroit Review of Medicine and Pharmacy.....	55 West Fort street, Detroit, Mich
Medical Independent.....	Ninth street, Philadelphia
Physician and Pharmacist.....	122 Liberty street, New York
Leavenworth Medical Herald.....	13 Shawnee street, Leavenworth, Kan
Medical Archives.....	219 Olive street, St. Louis, Mo
National Medical Journal.....	Cor. 11th st. and Pennsylvania av., Washington, D. C
Medical News and Library.....	706 Sansom street, Philadelphia
Medical Gazette.....	109 Nassau street, New York
Journal of Materia Medica.....	New Lebanon, New York
Half-Yearly Abstract of Medical Sciences.....	706 Sansom street, Philadelphia
American Journal of Medical Sciences.....	706 Sansom street, Philadelphia
Journal of Psychological Medicine.....	New York
Richmond and Louisville Medical Journal.....	Louisville, Ky
American Eclectic Medical Review.....	205 Twelfth street, New York
New York Medical Journal.....	New York
Eclectic Medical Journal.....	Cincinnati, Ohio
Dental Register.....	Cincinnati, Ohio
Pacific Medical and Surgical Journal.....	San Francisco, Cal
American Naturalist.....	Salem, Mass
Canada Medical Journal.....	59 Great St. James street, Montreal
The Practitioner.....	174 Baltimore street, Baltimore
St. Louis Medical and Surgical Journal.....	St. Louis, Mo
American Journal of Insanity.....	Utica, New York
American Journal of Obstetrics and Diseases of Women and Children.....	New York
American Journal of Syphilography and Dermatology.....	77 University Place, New York
Journal of Gynaecological Society.....	Boston, Mass
Cotton Zone.....	W. Abram Low, M. D., Albany, Ga
Archives of Sciences.....	Newport, Orleans county, Vt
Eclectic Magazine.....	E. R. Pelton, 108 Fulton street, New York
Buffalo Medical and Surgical Journal.....	Buffalo, New York
Nashville Journal of Medicine and Surgery.....	Nashville, Tenn
North-Western Medical and Surgical Journal.....	St. Paul, Minn
The Chicago Medical Journal.....	113 and 115 State street, Chicago
The New Orleans Journal of Medicine.....	130 Canal street, New Orleans
Ohio Medical and Surgical Reporter.....	Cleveland, Ohio
Medical Investigator.....	66 Lake street, Chicago
American Observer.....	Detroit, Mich
Michigan University Medical Journal.....	Ann Arbor, Mich
Figaro.....	Hudson & Menet, 21 Park Row, New York
Wood's Household Magazine.....	Newburg, N. Y
The Canada Lancet.....	Toronto, Canada
The Dental Times.....	1221 Spruce street, Philadelphia
The Medical Times.....	715 and 717 Market street, Philadelphia
The American Chemist.....	21 Park Row, New York
The Doctor.....	20 William street, New York
The Baltimore Medical Journal.....	Baltimore, Md
American Journal of Microscopy.....	Chicago, Ill
The Educational Journal.....	1117 Main street, Richmond, Va
The Christian Record.....	Bedford, Ind
The Methodist Monthly.....	Greencastle, Ind
Dwight's Journal of Music.....	Boston, Mass
North Western Farmer.....	Indianapolis
American Sunday-school Worker.....	4 South Fifth street, St. Louis, Mo
American Stock Journal.....	Parkersburg, Chester county, Penn
Sunday-school Times.....	Philadelphia, Penn
Western Medical Advance.....	Detroit, Mich



# INDIANA JOURNAL OF MEDICINE.

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## Original Communications.

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### SPURIOUS MENINGITIS.

BY WM. W. BELL, M. D., LOGANSPOUT, IND.

Though the above-named disease presents many striking symptoms in common with meningitis,—for which it is liable to be mistaken,—still, the pathological conditions involved in the diseases, are quite unlike. This fact was long ago recognized by Dr. Gooch, Abercrombie and Marshall Hall, whose descriptions of the disease in question are almost as complete and exact as any given in more recent times.

That the physician should early be able to recognize this affection, is a fact that cannot too strongly be impressed upon the mind. That it is frequently mistaken for meningeal inflammation, is likewise a fact, but too patent to the medical man, whose talent and industry have afforded him the means of obtaining a consulting practice.

In the following case will be observed some of the main features of the disease:

E. H., aged seven months, well nourished, of medium size, fed by hand,—no mark of scrofulous taint, had an

attack of acute indigestion; stools watery, and containing lumps of coagulated milk. Chalk mixture with tincture of rhubarb, administered by the family physician, promptly arrested the diarrhœa. Yet, in spite of this, the child's condition did not improve.

Soon, with increasing emaciation, symptoms of acute meningeal inflammation were superadded; such, at least, they would have appeared to any other than the careful observer.

The little nourishment that the child could with difficulty be induced to take, was invariably rejected by the stomach; vomiting became a marked symptom; head hot; body cold and clammy, alternating with flushes of heat; pupils large, sensitive to light; eyes sunken, half closed and surrounded by a lead-colored zone; pulse 120; at times, however, slower, then much more rapid; always very weak, and at times, inclined to be intermittent; child restless; moaning and tossing its head about the pillow; the fontanelle much depressed; tongue covered with a white fur; later in the disease, with a brown fur.

The diarrhœa returning, most of the above symptoms were aggravated. Leeches and blisters applied to the head, along with other depletory measures, rapidly increased the untoward symptoms. The child now became stupid and drowsy; then partially comatose; and finally had two or three slight convulsive seizures.

The above history I gained from the attending physician. I was now called to see the child; and from a survey of initial symptoms, could not but feel impressed with the conviction that I had a case of spurious meningitis to deal with. Every effort was made to supply nourishment in such quality and quantities, as the child's enfeebled assimilative powers enabled it to take; a warm bath was ordered; small but frequent doses of brandy and milk, with pepsine, were given; also, a mixture containing carbonate of ammonia, aromatic spirits of ammonia and compound tincture of lavender, with

marked success. The bowels soon assumed a more healthy tone, and gradually the cerebral symptoms disappeared, and in ten days the child had quite recovered.

The above case is one of several that I have observed within the last year, all of whom manifested pretty much the same general symptoms, and all yielded to the same stimulating treatment.

The pathological conditions observed in the brain differ greatly in the two diseases.

After death from spurious meningitis, on removing the skull-cap, the brain and its covering are found to be in an anemic and contracted condition. The longitudinal and lateral sinuses partially empty of blood; in the brain substance, the little arterial twigs are not readily discovered, and as a consequence, it is very pale. The effusion observed in the arachnoid is devoid of those characteristics that point to inflammatory action. In addition, there are always to be found in some other parts of the body, the marks of some recent acute disease.

On the other hand, the brain and its coverings present marked characters after death from acute meningitis. The dura mater is inflamed; the arachnoid becomes thickened and opaque, and its unattached side, lining the arachnoid cavity, has neither the polished nor moist appearance noticeable in death from other causes. The pia-mater is intensely congested; the network of blood-vessels in its structure being greatly enlarged. Yet, Dr. Baillie tells us that the redness is not so marked nor so intense, as is often observed in inflammation of other serous membranes. The brain substance is deeply affected, and often minute puncta are discovered. The brain tissue is often softened, and breaks down readily under a current of water. Spurious meningitis is not a primary disease; hence there is always discovered in some distant locality, pathological changes caused by some other affection. Thus, if diarrhœa be

the exciting cause, you will find a disordered condition of the mucous membrane lining the primæ-viæ. If it should be pneumonia, the bronchia and air-cells will manifest diseased action; or, an abscess may be discovered, whose exhausting discharge has given rise to the disease.

Thus, it may be observed that whenever the physician meets with a case of spurious meningitis, he will almost always find some depressing cause manifesting itself elsewhere in the economy, that by its lowering influence upon assimilation and nutrition, has brought about a train of cerebral symptoms—secondary in their nature,—yet might easily be mistaken for meningeal inflammation.

In his hands the little patient's welfare rests. According to his acuteness in diagnosis, swings the balance between life and the grave. Perhaps in the whole career of the medical man, no greater opportunity presents itself for the exercise of his powers for good.

The general symptoms of spurious meningitis are these: The child, either during or shortly after the attack of some acute disease, becomes heavy and drowsy, lying in the lap of its nurse, unable or unwilling to raise its head; a deep langour seems to have come upon it; it seems half asleep, half awake; no object attracts its attention; if disturbed it becomes restless for a few minutes, and then sinks into its drowsy sleep again; the facial expression is peculiar; sometimes the child is uneasy and restless instead of drowsy; sighing and moaning continually; the least noise or touch causes it to start and scream; the arms are thrown about, and the hands used to rub the head as if the child were in pain there; the face is pale. There may be diarrhœa, or there may not be; vomiting is a frequent symptom; as the disease progresses, the pupils are more or less influenced by light, perhaps unequal in size; the eyes sunken and surrounded by a lead-colored zone; the general sur-



face cold; tongue covered with a white or brown fur; pulse weak and frequent, perhaps irregular; the respiration, also, may be irregular. The fontanelle, if the child is young, is found depressed. If not rescued by proper treatment, the collapse deepens; pulse almost imperceptible; pupils uninfluenced by light, so sluggish have they become; convulsions may at last set in, and death soon closes the struggles of the little sufferer.

In forming your diagnosis, you must get the previous history of the case. Then, the onset of spurious meningitis is sudden; that of meningitis, usually slow and partially masked in character. In acute meningitis, the fontanelle is more depressed, but always prominent because the brain is crowded with blood. The eye is always bright, and the brow always has a frown upon it. Light is more painful than in spurious meningitis; there is more delirium; convulsions more frequent; and you often have paralysis in some part of the body; the bowels are usually constipated; the skin hot and dry; the pulse frequent and hard. The head is retracted; there are tetanoid spasms, and great, or at least considerable, hyperæsthesia.

Treatment: A careful estimate of the child's assimilative powers should be made, and nourishment given in accordance with their utmost capacity, without, however, going beyond this point. It should be given frequently and in small quantities, and always be fluid. Brandy or wine are excellent stimulants; the brandy may be given with milk or beef essence. If diarrhœa exists, the acetate of lead answers better in checking it than most other remedies; or the chalk mixture with tinct. catechu or kino. Should they fail, try the following:

R Bismuth sub. nit.,	- - - - -	ʒii.
Vinum ipecac,	- - - - -	ʒiii.
Syrup zingiber, ad.,	- - - - -	ʒii.

A teaspoonful every hour until relieved.

It is astonishing what a salutary effect ipecac has in allaying inflammatory action occurring in the primæviæ.

The child should be warmly clothed and kept in a well ventilated apartment. Should there be much collapse after using the warm bath, the following mixture is of great use in relieving it:

R Spts. ammon. aromat,	- - - - -	ʒiii.
Tr. cinchonæ co.,	- - - - -	ʒiv.
Ext. Hyoseyami fl.,	- - - - -	ʒi.
Syrup Zingeberi, ad.,	- - - - -	ʒii.

Mix.

A teaspoonful may at first be given every one or two hours; afterwards, every four hours.

The carbonate of ammonia is sometimes a most excellent substitute for the aromatic spirits; it should be given in small doses and increased gradually until it begins to show signs of nausea. I also fancy I derive aid from rubbing cod-liver oil over the abdomen. The warm bath should be repeated every day, and a brisk rubbing with a rough towel, afterwards. Sometimes the physician may find the child in convulsions. The following will allay the paroxysm, and possibly prevent its return:

R Potas bromidi,	- - - - -	grs. xl.
Ammon. bromidi,	- - - - -	grs. xii.
Tr. cannabis Indica,	- - - - -	ʒ ss.
Syrup zingeberi, ad.,	- - - - -	ʒii.

Mix.

A teaspoonful every hour until the spasms are allayed, then three times a day for a few days.

Such is a general outline of treatment, which may, of course, have to be altered to suit the requirements of each individual case.

## CASE OF CEREBRAL HYPERÆMIA.

BY F. J. VAN VORHIS, M. D., INDIANAPOLIS.

Mr. —, aged thirty-eight years, tall, well built, though not strongly made; light hair and light complexion; not at all anæmic; occupation was, for a number of years, that of a teacher, but for several years past, has occupied a responsible position in connection with public schools. Has been in the habit of working from twelve to sixteen hours daily.

Four or five years ago, suffered from some cerebral trouble, the history of which is rather indefinite, but it was probably of the same nature as the present difficulty, which left him with a permanent impairment of vision, depending upon atrophy of optic nerves. Pupils are permanently dilated, and of nearly double their normal size.

Since the attack, has noticed that he has not the same control over his temper that he had before. Is more easily irritated. Has, however, considered himself perfectly well.

During the latter part of March, went east, and for a week or ten days was engaged in work during the day, and traveled during the night. After some dietetic irregularity, was taken sick and started immediately for home, where he arrived, after a painful journey, at 3 o'clock, A. M., April 1st.

Saw him at 7 o'clock, A. M. Pulse, one hundred and ten, full and of ordinary strength. Respiration more frequent than normal, with frequent interrupted and prolonged inspirations. No cough; no expectoration; no abnormal sounds upon physical examination. Temperature, 102° F. Skin, moist. Tongue presenting the appearance usually seen in fevers. No discoverable irregularity of the alimentary canal; urine normal. Complains of severe pain in the head, not confined to any part. Lies with eyes closed, but does not sleep; is

perfectly rational, but answers questions slowly and hesitatingly, making long pauses, as if to collect his ideas. Ordered potassii bromid., grs., xx every four hours; and tinc. verat. viridi, m iv; alternately.

12 M., no change. Doubled the dose of bromide and increased veratrum one-half.

6 P. M., entirely free from pain; pulse, sixty; respiration free and regular. Temperature, 98½ F. Ceased all medicine.

April 2, slept well during night, but awoke at daylight with some pain in the head, and feeling very weak. Ordered potassii bromid., grs. x, every four hours; and quinia sulph., gr. ij; alternately.

April 3, restless during night and very irritable this morning. Stopped quinia. 8 P. M., considerable pain in head. Ordered potassii bromid., grs. xx, immediately. Nothing to be given during night.

April 4, passed a comfortable night. Speaks very slowly; memory a little deficient. Pulse, eighty. Temperature, 101° F. Ordered

R. Strychnia sulph., . . . . . gr. j.

Acid. phosph., (dil.) syrup simple, aa . . . 5ij.

M.

One teaspoonful three times per day.

From this time until the fourteenth, the improvement was rapid.

On the fourteenth, contrary to my advice, went to attend to some business in a little town fifteen miles in the country; was compelled to wait three or four hours at the depot and got very cold. Pain in the head returned almost immediately, with pain in the back and anæsthesia of lower extremities.

April 15, face flushed, eyes congested; severe pain in the head; anæsthesia of the lower extremities; formication upon body and upper extremities. Appetite good. Pulse, one hundred and ten. Temperature not taken. Ordered bromide and veratrum.



April 16, 8 P. M., much relieved from pain during the afternoon of yesterday, and slept well last night. Felt very comfortable until noon to-day, when he began to cough; is now coughing almost incessantly. Cough hard and dry. No pain in the head. Pulse, one hundred and eight. Ordered one-eighth gr. morphia sulph. every three hours, and ten grs. of bromide, to be given alternately.

April 17, expectorating freely, with but little cough. Pulse, one hundred. Temperature, 100° F. Ordered veratrum.

April 19, says he feels as well as he ever did, while lying; but if he gets up, has vertigo and nausea.

April 20. Last evening, without my knowledge, officers of church to which he belongs held a business meeting in his room. He was somewhat excited by what passed, and did not sleep any all night. Thought there were two of him; that No. 2 was sick and had to be put to sleep, and spent the whole night trying to put him to sleep. Ordered forty grs. of the bromide, to be given in two doses four hours apart.

April 21, much better. Pulse, seventy-five. Temperature, 98½° F. No pain; no anæsthesia; no formation. Expectorating profusely without cough. Nothing given.

April 23, no change. Is easily annoyed, and has the greatest aversion to the slightest exertion. Ordered one-thirtieth gr. pills of strychnia, three times per day.

April 14, expectoration ceased almost entirely; strychnia continued.

From this time the improvement was uninterrupted, and at present time, June 1st, he is well and attending to business.

*Remarks.*—This case is not offered because it presents any remarkable features, but as an example of that class of cases which are, perhaps, properly classed under the head of cerebral hyperæmia, but which, in reality, de-

pend upon vaso-motor paresis. There is an excess of blood in the brain, but it is there because of exhaustion, rather than as the result of cerebral excitement.

Handfield Jones says: "Their action upon the brain approaches much more to anæmia than to true hyperæmia."

There is a point to which I wish to call attention: That is, the occurrence of bronchitis and its rapid disappearance. It was not, however, so striking in this case as in two others I have noticed recently. One a case of spinal anæmia in a lad of twelve years, in which there was bronchitis of six weeks' standing. It disappeared in a remarkably short time under the use of strychnia. Another, a case of spinal congestion of long standing, in a lady of over fifty years of age, bronchitis with profuse expectoration of two years' duration, disappeared with the use of ergot, in about four days. I do not know that this is remarkable, but to *me* it was very unexpected.

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## Proceedings of Societies.

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### INDIANA STATE MEDICAL SOCIETY.

The Twenty-first Annual Session of this Society was held in the lower lecture-room of the Indiana Medical College on the 20th and 21st of June. The universal verdict of all present was that this session was better in every respect than any that have heretofore been held. Every member manifested an interest in medical progress, and a desire to benefit and be benefited. As will be seen from our account of the transactions, a number of valuable papers were read, and will appear in the published report. Some of the prominent physicians from other States honored the society with their presence,

and were in turn honored by being invited to take part in the discussion. Our Hoosier Society has this year shown to the medical world that it is *regular*, to the backbone, and that it will not tolerate violations of the Code of Ethics and the rules and regulations which govern it, even by one who may have been at one time the highest officer of the organization.

At 9 o'clock, June 20th, the meeting was called to order by the president, Prof. R. N. Todd, M. D., who briefly thanked the society for the honor conferred upon him, and announced the order of business.

Drs. G. V. Woolen and W. J. Elstun, secretaries, were on duty, and but little time was consumed in organizing. The number of members present is estimated at about one hundred and fifty. The annual assessment was fixed at three dollars.

Prof. L. P. Yandell, Sr., from the Kentucky State Medical Society, and Drs. B. B. Leonard, H. C. Pearce, and D. W. Scarff, from the Ohio State Medical Society, were welcomed and received as delegates.

The list of special committees were called, and the following reported papers on the subjects named:

Dr. J. L. Hibberd, of Richmond, on the Progress of Medicine.

Dr. W. B. Fletcher, of Indianapolis, on the Formation of the Placenta.

Dr. Hobbs, of Carthage, on Chloroform in Obstetrics.

Dr. C. E. Wright, of Indianapolis, on Paralysis of Accommodation of the Eye.

Dr. J. R. Weist, of Richmond, on Fracture of the Neck of the Femur.

Dr. W. J. Elstun, of Indianapolis, on Bromide of Potassium.

Dr. T. Parvin, of Indianapolis, on Placental Extraction and Placental Expression.

Dr. T. B. Harvey, of Indianapolis, on Laceration of the Perineum.

Dr. Dougan Clark, of Richmond, on Anæsthetics in Obstetrics.

Dr. Thad. M. Stevens, of Indianapolis, on the Treatment of the "Criminal Insane."

The following voluntary papers were offered by announcement:

Dr. H. P. Ayres, of Fort Wayne, on Onanism in Children.

Dr. R. E. Haughton, of Richmond, on the Nervous System in Disease.

Dr. G. W. H. Kemper, of Muncie, on Exophthalmic Goitre.

Dr. G. W. Duzan, of Zionsville, on Nature and Cure of Disease.

Dr. Bell, of Indianapolis, Report on Pepsin.

Dr. J. F. Hibberd, of Richmond, on Qualifications of Students.

Prof. Yandell, of Kentucky, read a paper on Chloroform in Obstetrics.

The above papers were read, and after discussion upon them were referred to the Committee on Publication.

The Committee on Ethics, to whom, at the last meeting was referred the question whether or not specialists should be allowed to advertise, reported adversely, quoting a section of the Code of Ethics in support of their opinion.

The special committee on the resolutions touching the admission of new members into the ranks of practicing physicians—Dr. Hibberd reviewed the subject as it had been before the National Medical Association, and closed with the following resolution:

*Resolved*, That the different County Societies of this State appoint a board consisting of three members to examine all applicants to be students of medicine, and that none of the members of such societies be allowed to receive students who do not present a certificate of proper qualification from the board.



Adopted.

The standing committees, on Finance, Publication, Arrangements, etc., offered reports, which were adopted.

At 8 o'clock P. M., the president read an able and masterly address on the Relation of the Medical Profession to the Enforcement of the Laws. Prof. Todd's address gave evidence of having been prepared with great care, and contained many points of interest which we will be happy to notice more fully at some future time.

After the conclusion of the presidential address, the convention adjourned to the Bates House, where a banquet had been prepared for the society by the physicians of Indianapolis. Toasts were offered and responded to by the members and invited guests, including druggists, State officers, and members of the legal profession. Dr. J. K. Bigelow merited the thanks of the society for the active interest he displayed in making preparations for the excellent supper.

#### SECOND DAY'S PROCEEDINGS.

The Association convened at 8 o'clock A. M., Dr. Lomax occupying the chair during the temporary absence of the president.

Dr. Weist's paper on Fracture of the neck of the Femur was read and recommended to be published in the *INDIANA JOURNAL OF MEDICINE*.

Dr. J. H. Adams, from the Seventh, and Dr. W. K. Mavity, from the Eighth Congressional District, read papers on the diseases prevalent in their respective regions. Cholera infantum, remittent and intermittent fevers were referred to as comprising the greater part of the maladies afflicting the population. No reports were presented from the nine remaining districts. Afterward the committee were allowed another year in which to report, or rather the same committee were re-appointed.

The Committee on Nominations reported the following officers for the ensuing year, and delegations, which report was adopted by acclamation:

President, H. P. Ayer, M.D., Fort Wayne.

Vice President, J. K. Bigelow, M.D., Indianapolis.

Secretary, G. V. Woollen, M.D., Indianapolis.

Assistant Secretary, W. J. Elstun, M.D., Indianapolis.

Treasurer, J. H. Woodburn, M.D., Indianapolis.

Librarian, A. W. Davis, M.D., Indianapolis.

Delegates to the American Medical Association: W. C. Thompson, T. Parvin, L. D. Waterman, T. M. Stevens, B. Newland, C. E. Wright, J. R. Weist, D. Clark, R. E. Haughton, F. W. Beard, W. Lomax, J. Casselberry, A. H. Robbins, W. Hobbs, J. Rea, G. W. H. Kemper, G. W. Mears, J. S. Shively, B. S. Woodworth, Dr. Gregg, H. V. Passage, H. P. Ayers, W. J. Elstun, and ——— Pennington.

Delegates to the Kentucky State Medical Society: J. S. Athon, B. Newland, and R. N. Todd.

Delegates to the Ohio State Medical Society: V. Kersey, J. H. Helm, J. Moffatt, and T. B. Harvey.

Dr. Wm. Lomax, of Marion, delivered an address on the responsibility of physicians and the duties of the Indiana State Medical Society. Exceptions were taken to some of the Doctor's recommendations in regard to the formation of county societies, as looking to the disruption of the state association. His address was referred to the Committee on Publication.

On the Report of the Committee on Ethics it was

*Resolved*, That Prof. D. Meeker, of Laporte, be and is hereby expelled for violating the Code of Ethics, in issuing a pamphlet purporting to have discovered a secret remedy for the cure of opium eating and its consequences.

Dr. J. P. Wallace, of Lafayette, was also by resolution expelled for advertising by hand-bill.

The case of Dr. Grayston, of Huntington, charged

with paying for a "puff" of his medical abilities, was referred to the Committee on Ethics, with instructions to report at the next annual session.

Prof. George W. Mears read a biographical sketch of the late Professor J. S. Bobbs, M.D.

On motion, it was ordered that the memorial be published, and copies distributed among the members of the society.

Dr. V. Kersey read a paper on Progressive Muscular Atrophy. Referred to the Committee on Publication, as was also an essay by Dr. G. W. Duzan, on the Nature and Cure of Disease.

Dr. Stuart offered the following resolution, which was adopted:

*Resolved*, That the Secretary be and is hereby instructed to omit the publication of the list of honorary members, except such as attend the annual meetings of the society.

The next essay was by Dr. R. E. Haughton on Nervous System in Disease. Referred for publication.

The usual resolutions of thanks were adopted.

The delegates present from neighboring States were elected honorary members of the association.

The general condition of the society was animatedly discussed by Drs. Lomax, Ayer, Todd, and others. Valuable suggestions regarding the future welfare of the organization being offered by the several speakers.

On motion of Dr. Harvey, a standing committee on medical jurisprudence was ordered. The chair appointed Dr. Stevens, Major Jonathan W. Gordon, Dr. Munford, Dr. Casselberry, Dr. Robbins, and Dr. Hibberd as said committee.

Dr. Cox suggested that a committee investigate as to the rights of physicians in regard to fees when called upon to testify in courts of justice. He considered professional medical testimony should be paid for according to its value.

Dr. Todd thought the subject an important one, well worthy the attention of the committee. There was no legislation on the subject in this State, and it was the duty of the profession to take a proper action in the matter.

On motion, the Committee on Medical Statistics, consisting of one member from each Congressional District, was continued. The committee is as follows: First District, Dr. D. Morgan; Second District, Dr. Wm. Clapp; Third District, Dr. A. G. Boynton; Fourth District, Dr. S. M. Martin; Fifth District, Dr. Henry G. Todd; Sixth District, Dr. T. H. Rice; Seventh District, Dr. J. H. Adams; Eighth District, Dr. W. K. Mavity; Ninth District, Dr. N. H. Kennedy; Tenth District, Dr. A. D. Wood; Eleventh District, Dr. Lewis Humphreys.

The paper presented by Dr. Guido Bell was referred to the Publishing Committee.

The chair announced the following standing committees: On Prize Essays, Drs. Weist, Lockhart, and Graydon; on Ethics, Drs. Newland, Woodburn, and Oliver; on Arrangements, Drs. Waterman, Jameson, and Boynton; on Finance, Drs. Stevens, Wishard, and Wickersham; on Publications, Drs. Woollen, Elstun, Woodburn, and C. E. Wright.

The followingspecial committeeswere also announced: Dr. S. S. Munford, of Princeton, on Hydrocele; Dr. W. J. Elstun, of Indianapolis, on Emotional Insanity; Dr. C. E. Wright, of Indianapolis, on Diseases of the Eye; Dr. J. A. Comingor, of Indianapolis, on Diseases of Bone; Dr. Parvin, of Indianapolis, on Pelvic Cellulitis; Dr. B. Harvey, of Indianapolis, on Distortion of the Pelvis; Dr. Haughton, of Richmond, on Pneumonitis; Dr. Cox, of Frankfort, on Treatment of Dysentery; Dr. E. S. Elder, of Morristown, on Ovaritis; Dr. J. S. Gregg, of Fort Wayne, on such subject as he may choose; Dr. J. R. Weist, of Richmond, on the Want of proper Bathing Facilities in Dwellings; Prof. R. T. Brown, of



Indianapolis, on Physical Development (a comparison of the rural and city population of our State;) Dr. Isaac Casselberry, of Evansville, on Electricity as a cause of Disease; Dr. W. A. Pugh, of Rushville, on Obstetrics; Dr. M. Sexton, of Rushville, on Hypertrophy of the Prostate Gland; Dr. L. D. Waterman, of Indianapolis, on Action of Remedies; Dr. D. Clarke, of Richmond, on Indigenous Materia Medica; Dr. John Arnold, of Rushville, on Cholera Infantum; Dr. F. J. VanVorhis, of Indianapolis, on Reflex Nervous Action; Dr. John Rea, of Newcastle, on such subject as he may choose.

Dr. Todd, president, made a short closing address, in which he took occasion to congratulate the society upon its harmonious, interesting, and profitable session, after which, on motion, the meeting was adjourned until the Third Tuesday of May, 1872.

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## MEDICAL EDITORIAL CONVENTION.

At the meeting of this convention held previous to that of the American Medical Association, Dr. Storer, the president, in his address made the following remarks:

“The opportunities and the influence of the Medical Press, its history in this country, and the causes which thus far have interfered with its full measure of usefulness, were all so intelligently discussed by my predecessor, Dr. N. S. Davis, of Chicago, that I will not weary you by their recapitulation.

“In our calling, as in all others, there are strong and positive tendencies—on the one hand upward, on the other toward deterioration. In the union that we now commemorate, just as there is strength for us all, so will it be found that the purer tendencies to which I have alluded will be intensified, the less worthy ones diminish or be destroyed.

“License, for instance, you will not tolerate, even while censuring a truer freedom. Every leaning toward irregularity in practice, or toward its excuse or encouragement, as one man you will rebuke. Praise of self will find itself merged in an utter forgetfulness of self-contemplation, through the very working for others’ good.

“In this connection I would say one word concerning the relations that we hold to these patrons, our brethren of the profession itself. We have our work to do for them, and we all of us endeavor to do it well. They encourage us by their contributions to our pages, by the money enclosures therein contained. And yet, though personally I have had every reason to be grateful upon each of the scores named, I am sure that you will agree with me when I say that the medical profession as yet falls far short of its duty toward the press. . . . There are honorable exceptions, it is true, to the remark that I have made. The magazine under my own direction has a subscriber who wrote that the ‘Gynæcological Journal’ was the thirteenth medical periodical that regularly came to his table; and this was a hard-working, over-driven physician, in a sparsely-settled country district, with no leisure for study, it would seem, than that afforded in the saddle while upon his daily beat; and yet I will venture to say that this gentleman, by this means, kept himself better informed, more completely at a level with the prominent men of the day, than thousands of city practitioners with greater wealth, more leisure, infinitely more pretensions, and far less liberality toward the members of this Association. There is not a physician in this country, I dare affirm, who would not each year obtain his money back again, at compound interest, were he to subscribe for and read with the most ordinary appreciation, a copy of each of the journals that we represent. One half of the sum that most men throw away at auction sales for stale and

musty editions of authors now far behind the age, expended in subscriptions for the medical journals of the day, would not only do much for the continued education of our friends in practice, and keep their minds alive to the improvements in methods of study and treatment, constantly being made, but it would tend infinitely toward a greater appreciation of and respect for our native medical writers, who, through the channels of communication you offer them, are becoming recognized as never before by the profession in foreign lands.

“To-morrow we are to meet our subscribers and contributors from all parts of the country. They have given us aid and encouragement; we, in return, can stay their hands in their every effort for the increased influence and honor of the great national medical body. Many and varied will be the measures that are to be or may be proposed. There is the fundamental and ever-recurring question of Medical Education. Shall it still remain in the custody of the college teachers, who have found it difficult to be perfectly disinterested in this matter—there are many of them among ourselves, but as editors they have risen to a higher level, and I can therefore speak thus freely—or is it to be settled by the outside profession, which has already wisely decided that it has the power? . . . . .

“Will it, again, be an advantage or not for the Association to recommend the formation of a National Medical College, liable, as such would always be, through political changes and favoritism, to pass into the hands of the common enemy.

“The establishing of a National Medical Journal, which, overshadowing that of our learned brother Cox, of Georgetown College, should, like the organ of the British Medical Association, serve as the especial mouth-piece of the great annual professional conclave?

“The formation of a Board of General Scrutineers, whose gauntlet would prove far more fatal than those

of the present Annual Committee of Arrangements and the Committee upon Ethics combined, to many presenting themselves as delegates.

“The founding of a National Board of Censors, with branches in every State, whose examination should stamp, as worthy or not, the standing of every physician already holding a college diploma?

“Whether or not there should be a National System of Quarantine.

“The upholding of the Code of Ethics, as binding upon societies of medical men as well as upon individuals, and branding with infamy attempts, like that recently made by the Councillors of the Massachusetts Medical Society, to set it at naught.

“These are all of them topics of the highest professional moment. In their settlement you have an interest, now by your votes, and hereafter in the fertile fields for discussion they are to afford your pens.

“The following is the register of the Association. At the time I assumed its presidency, there were, as I have said, thirteen journals enrolled; of which one, the *Saint Louis Medical and Surgical Reporter*, has since ceased to exist. There remained, therefore, the following twelve: Chicago Medical Examiner, Baltimore Medical Journal, Richmond and Louisville Medical Journal, Nashville Journal of Medicine, Galveston Medical Journal, New Orleans Journal of Medicine, Detroit Rev. of Medicine and Pharmacy; American Practitioner (Louisville), Cincinnati Lancet and Observer, Oregon Medical and Surgical Journal, American Journal of Obstetrics and Diseases of Women and Children (New York,) and Journal of the Gynæcological Society of Boston.

“In addition to the above, there have joined us during the past year no less than twenty-six journals more, to wit:

“New York Medical Journal, New York Medical Gazette, New York Medical Record, Journal of Psycho-



logical Medicine (New York), National Medical Journal (Washington, D. C.), American Journal of Insanity, Buffalo Medical and Surgical Journal, Medical Times (Philadelphia), Chicago Medical Journal, Indiana Journal of Medicine (Indianapolis), Michigan University Medical Journal (Ann Arbor,) St. Louis Med. Archives, St. Louis Medical and Surgical Journal, Cincinnati Med. Repertory, Leavenworth Medical Herald, Northwestern Medical and Surgical Journal (St. Paul, Minn.), Pacific Medical and Surgical Journal (San Francisco), Boston Journal of Chemistry, Physician and Pharmaceutist (New York), Photographic Review of Medicine and Surgery (Phila.), Georgia Med. Companion (Atlanta), Medical and Surgical Repertory (Griffin, Ga.), Kansas City Medical Journal, Clinico-Pathological Reporter (Jefferson, Texas), Canada Medical Journal (Montreal), and Canada Lancet (Toronto)."

The convention went into the election of officers for the ensuing term, with the following result: President, Dr. B. F. Dawson, N. Y.; Vice President, Dr. Henry Gibbon; Secretary, Dr. F. H. Davis.

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## ANNUAL MEETING OF THE NORTHEASTERN INDIANA MEDICAL SOCIETY.

KENDALLVILLE, IND., June 6, 1871.

The meeting was called to order at 10 o'clock.

The president, Dr. O. J. Vincent, being absent, Dr. H. D. Wood presided.

The report of the censors was postponed until 2 o'clock on account of the absence of members.

The annual election was also deferred until after the arrival of the Ligonier members, Drs. Denny, Carr, and Landers.

The treasurer, Dr. L. F. Abell, in his annual report, represents the society in good financial condition.

Dr. F. T. Wood reported a case of laceration of the liver, the result of a kick by a horse. There was no external indication of injury over the region of the liver. There were marks and contusions in the region of the spleen. The case was a remarkable one. The patient lived a number of hours. The autopsy was made by Drs. T. F. Wood, H. D. Wood, and I. R. Dunning.

Dr. Dunning reported a case of death from malnutrition. Dr. Gilbert presented a patient afflicted with paralysis of the arm, resulting from rheumatism. Dr. Dancer reported a case of strangulated hernia, which resulted fatally six days after he had reduced it by the usual operation. Dr. Williams reported a case of fracture and crushing of the bones of the foot by a car wheel. These cases elicited much discussion.

Dr. Dancer read his paper on pneumonia.

The following names were reported for membership: T. J. Dills, of Avilla; W. Y. Leonard, of Albion; John Dunchee, of Albion; Jerry Spooner, of Auburn; E. G. White, of Lagrange; G. H. Dayton, of Ontario; George Lyons, of Lagrange; A. M. Spaulding, of Lima; W. Hughes, of Lima; D. J. Swartz, of Union Mills; C. A. White, of Wolcottville; E. H. Wood, of Lisbon; ——— Malony, of Avilla. Several applicants failed to pass the examination. Professor Allen, of Rush Medical College, was elected an honorary member.

The following officers were elected for the ensuing year: President, H. D. Wood; Vice Presidents, John Dancer, J. N. Chamberlain, G. Erickson, and J. L. Haggerty; Secretary, J. L. Gilbert; Treasurer, L. F. Abell; Corresponding Secretary, J. R. Dunning; Censors, D. W. C. Denny, G. W. Carr, S. T. Williams, T. J. Dills, T. F. Wood.

Dr. Denny presented a patient for examination by members of the Society. The case was doubtless one of incipient tuberculosis of the lungs, and probably, also, of the larynx.

Drs. Chamberlain and Ford presented a patient whose breast they had amputated two weeks ago, with a favorable result thus far. The case was believed by Professor Allen and many others present to be malignant.

Dr. Teal reported a case, which was followed by a discussion on enteritis.

Drs. Denny, Darby, and Knepper were appointed essayists for the next meeting, and pneumonia and its complications was selected as the subject of discussion at the next meeting, to be held at Lagrange in September.

After supper, Dr. Allen, of Chicago, delivered an address to a large audience at Mitchell Hall.

J. L. GILBERT, *Secretary*.

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## Cases at Bobbs Free Dispensary.

REPORTED BY S. C. TOMLINSON, M.D., RESIDENT PHYSICIAN.

April 29, was called to see Mrs. M., aged 25. Patient complaining of severe neuralgic pains along the course of sciatic nerve; had been suffering from dysmenorrhœa for two years; had been treated by a "Female Dr." (masculine gender) three months. An examination per vaginum revealed hypertrophy of the anterior portion of the cervix, and a tortuous cervical canal. May 1, endeavored to introduce a small-sized sponge tent, anointed with cocoa butter  $\mathfrak{z}\text{j}$ , carbolic acid  $\mathfrak{z}\text{ss}$ ; unable to introduce tent more than three fourths of an inch; supported it with roll of cotton saturated with glycerin. May 2, removed tent; May 3, introduced another tent; May 4, hypertrophy somewhat reduced, and patient feeling better, had removed the tent herself. May 6, introduced larger sponge tent, with directions to remove it the following morning. May 10, introduced tent, and directed  $\text{tr. opii } \mathfrak{z}\text{ij}$ ,  $\text{plumb acetat } \mathfrak{z}\text{j}$ ,  $\text{aqua font. } \mathfrak{z}\text{viiij}$ , to be injected

into vagina, and retained, after having first thoroughly cleansed the parts by irrigations of warm water. May 14, was called in haste, and found patient suffering from uterine colic, caused by retention of fluid. Prescribed dioscorein grs. ix, ft pill No. iii s—one every two hours; pain ceased after second pill. On the 17th, hypertrophy had almost disappeared, and patient was discharged.

Thursday, Feb. 16, called to see Virginia D., colored, aged 19; found her having great pain, at interval of five minutes, accompanied by vomiting and inclination to have the bowels and bladder evacuated. Gave her three powders of morphia, one eighth of a grain each, one every hour until pain was relieved. Gave prescription to Dispensary as follows:

R Pulv. ipecac,  $\bar{3}j$ ; div. chart No. 2. S. Take ten minutes apart. To be followed by

R Pulv. opii, grs. v; pulv. camphor, grs. x. M. Ft. pil. No. 5. S. Take one every hour until relieved.

February 17, called at 4 P. M. Patient had had "sinking spells" (so called), and had taken the powders without relief from pain; she was pulseless but conscious; could move as directed; pupils dilated. Died at 7 P. M., Feb. 17.

Post mortem examination twenty-four hours after death. Nothing unusual observed externally; abdominal cavity alone examined. Subdermoid adipose tissue two inches thick, healthy in appearance; peritoneum slightly thickened, and upon puncturing it fluid escaped, revealing a diseased mass of intestines, with numerous adhesions to the parietes of the pelvic cavity, and an orifice in the intestine, communicating with the peritoneal cavity. At the upper border of diseased mass, near promontory of sacrum, a calcareous tumor was found, one half by one inch in size.

The disease found in pelvic cavity was evidently of serofulous origin, the patient having no marked indica-



tion of such a dyscrasia, we were not led to expect such a condition before death.

December 24, Teresa R., aged four years, swallowed by mistake morphia sulph. grs. jss, at 10:15 A. M. The mistake was discovered in twelve minutes, and a cup of mustard and water was given, which did not produce emesis. Syrup of ipecac, ʒjss, was administered in twenty minutes, with no effect. In one hour and a half gave zinci sulph. ʒj; she vomited about two ounces of fluid; complete stupor; respiration slow; stertorous breathing. At 3 P. M., forced down two ounces of strong coffee; vomited in a few minutes. 3:30 P. M., lips and tongue black, and body cold; gave  $3\frac{1}{2}$  grains ext. belladonna, wrapped child in warm clothing, and at 4:30 left her for dead. At 5:30 P. M., slight pulsation was felt at the heart, and the pupils were contracted. At 6:30 P. M., pupils dilating, lips and tongue of better color. 7:30, cheeks becoming red, and signs of consciousness returned. Recovery complete at 7 A. M., of December 25th.

D. C., aged —; brown hair; blue eyes. Had been treated during the past two years for diabetes mellitus; for which he was given muriate of ammonia, muriated tincture of iron, and fluid extract of ergot. Under the above treatment his symptoms abated. The amount of urine passed during the twenty-four hours was diminished to about one-third that formerly excreted; the amount of sugar equally diminished; his strength increased, but his weight did not; skin yellow. December 21, 1870, I was called at 4 P. M. to see him, by his son, who told me that his father was "raving crazy with cramp colic." Patient had been suffering for two days with severe pain centering at the umbilicus, extending to the ribs on the right side, and as far as the middle of the sternum, and over the heart on the left side; pulse, 65, very feeble, intermitting every 13 beats; could not

protrude the tongue beyond the teeth; tongue coated with a brownish fur; point of tongue pressed against lower incisor teeth, and middle rolling up to the roof of mouth on attempting to protrude it; speech difficult, on account of partial paralysis of tongue. Patient could not always select words to express his meaning; answered questions vaguely; said his bowels had not moved for three or four days, but his wife said that he "had purged three or four times during the preceding night." Pupils contracted; conjunctivæ yellow; had been vomiting bile; complained of headache, and head was bound up with a handkerchief; had been wild and delirious, springing out of bed and rushing toward the door, force being required to get him back to bed; no pain on pressure over abdomen; had been rolling and tumbling over bed for past two hours; great difficulty of breathing, especially inspiration (22 times per minute); no cough. Treatment, warm application over abdomen, and R Morphine sulph. grs. iij, calomel grs. v, pulv. ipecac grs. x. M. Div. in chart No. 6. S. Take one every two hours until relieved.

Patient was quiet for a couple of hours after the first powder, and then became violent. Another powder was given, but no relief was experienced. No more medicine was given, owing to inability to swallow. Patient became speechless, and groaned constantly; pupils dilated. Died at 8½ o'clock A. M., December 22, 1870.

Post mortem examination ten hours after death—abdominal and thoracic cavities examined. Nothing abnormal was found except an effusion of blood in pericardium at the root of the coronary vein, from rupture of the vein. No lesion of the kidneys was observed. Duodenum congested. It is to be regretted that no examination of the head was made.

## Gleanings from Foreign Journals.

TRANSLATED BY DR. GUIDO BELL.

DR. KERSCH publishes the results of twenty-five experiments with morphia, and gives the following *resume*. Morphia is a hypnotic and sedative in small doses. It acts mostly on the peripheric nerves, especially near the point of application; therefore, after hypodermic injection, paresis of the part occurs. The brain is secondarily affected, more particularly by large doses. The larger the dose the shorter and less manifest the hypnotic effect. Dr. Kersch saw three children under the poisonous influence of morphia, but did not ascertain the poisonous dose for an adult. He found some of the effects to be increased heat of body, frequent pulse, and respiration followed by convulsions and paralysis. Morphia acts quicker when employed hypodermically.—*Memorab.*

DR. LANGE mentions a case of gangrene, in which turpentine, after other remedies had proved ineffectual, not only saved the patient's life, but also nearly all of the part affected. A girl eleven years of age had gangrenous destruction of the right cheek. The part was treated with turpentine on lint, and the dressing changed every two hours.—*Ibid.*

DR. BETZ publishes the following summary of his views on transfusion of blood:

1. Blood of women should be used for women; that of men for men.
2. Blood with or without fibrin may be used.
3. From five to eight ounces should be employed.
4. The above quantity sometimes needs to be repeated.
5. Phosphate of soda or chloride of sodium should be added.

6. Temperature of the fluid is not of so much importance as usually considered.

7. The best method is to introduce the nozzle of the syringe into the vein cut entirely through.

8. After the operation absolute rest should be enjoined.

9. Transfusion into the arteries is not recommended. Although the operation may be very easily performed, yet good assistance is always required.—*Ibid.*

Transplantation of skin by Reverdin's method is advocated by Czerny and Ranke. The largest pieces used by these experimenters were about the size of a cent.—*Aerztl. Intellig. Blatt.*

PARALYSIS of children usually begins between the ages of seven months and two years, sometimes with symptoms of brain trouble, sometimes without any complication whatever. Usually one limb, especially a leg, is affected. A few weeks afterward some relief is observed, a characteristic symptom, but after six months or a year have elapsed the paralysis becomes permanent. In a few cases the paralysis remains unchanged from the beginning. Nothing can be expected from treatment. Electricity proves useless, but secondary deformities may be prevented.

Most cases of acquired club-foot are due to paralysis, not so much from muscular antagonism as from the weight of the limb and body overloading it. The patient should be required to walk as soon as possible. Light bandages should be applied to the affected limb, but the use of crutches should not be allowed.—*Volkman's Sanstung Monatsch.*

IN capillary bronchitis of infants, Prof. Abelin, of Stockholm, extols steam. Patients should remain in the vapor for days, and even weeks. This treatment is also useful in pneumonia.—*Journal f. Kinderheilkunde.*



COLD BATHS in typhoid fever are not contra-indicated by the presence of pneumonia. The vigor of the patient, and not his temperature, are to be considered.—*Zeitschrift f. Rationelle Medizin.*

DR. HAGER, of Berlin, observed no effect from the administration of French pepsin, or from that which he prepared with acetate of lead. He then tried Lamat's pepsin, only finding it unpalatable and valueless. After abandoning the use of pepsin for thirteen years, he employed that manufactured by Schering, in dyspepsia, gastric catarrh, etc., with the most gratifying results. *Pharmaceut.—Central Halle.*

[Many eminent physicians in our own country have been disappointed in the various preparations of pepsin, its use being correct theoretically, but proving practically a failure. However, many have been led to change their belief in its efficiency by a new and reliable method of preparing it, discovered by E. Scheffer, of Louisville, Ky., in which neither alcohol nor acetate of lead is used. It is prepared in a liquid and a saccharated form. One part of pure pepsin obtained by this method digests four hundred parts of coagulated albumen at a temperature of 105° F.]

CHARCOAL absorbs large quantities of gases, especially carbonic acid and carbonic oxyd, and retains permanently sulphurous acid, hydrothionic acid, and ammonia. For purposes of disinfection it may be mixed with lime or peat-coal. Charcoal has been proved to be the best antidote for poisoning with phosphorus.—*Vierteljahr Zeitsch. Med.*

## Editorial.

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AMERICAN MEDICAL ASSOCIATION.—This Association—an abstract of whose proceedings we published in the last number of this journal—has adjourned after another session, in which of course there was the usual amount of politics mixed with the legitimate business of the meeting. Occasionally some good essays are read before the society, and appear in its Transactions. The discussions are sometimes of interest, and a report of them is refreshing and instructive to those unable to attend. But of late years there seems to be a preponderance of the combative element in some of the delegates, and an all-absorbing desire on the part of most of the members to have a real jolly time, and we therefore find a goodly number of the precious hours, which might be profitably employed in sober discussion, frittered away in “*big drunks*,” excursions, receptions, and collations. To be sure, doctors need recreation as much or more than any other class of professional men, for they work harder and die sooner than gentlemen of the other learned professions; but they might choose a more appropriate time and place than the meeting of a learned and scientific body to manifest their bellicose and social proclivities.

A society which claims the right to dictate to State and local medical associations as to what is and what is not right and proper, might spend more time in forwarding the great cause of medical science, its professed object, instead of squabbling over the irrepressible negro and woman's rights.

During the last session the most prominent feature, according to the accounts we have received, was a discussion as to whether women should or should not be admitted to membership. Now we are decidedly opposed to women becoming physicians, not on mental but on

physical grounds, and we agree with Dr. Davis in believing "the assumption that woman rises when she unsexes herself to be erroneous." But certainly the Association might have given a dignified and decisive answer to a question forced upon it by over-zealous partisans, instead of raising a din and noise appropriate only in a mad-house or lodge of Sons of Malta.

The discussion upon this subject before the meeting so unceremoniously adjourned to go "over the bay" must have been animated indeed, and we are told that one of our own Hoosier delegates advanced the decidedly convincing argument that "if we refuse women admission we shall drive them into homœopathy, etc.," closing with a grand and eloquent appeal to the society to "let the women come in, open the colleges to them, dash down the barriers, and all will be well." For this grand flourish the gentleman received—applause.

A philanthropic Pennsylvanian thought it "beneath the dignity of an association of learned scientific men to war with women." He gallantly stated that he would remove his right arm rather than perform so mean an act as to say to a female physician with whom he might be called to consult, "Walk out of this house, and let me take exclusive charge of this case." Bravo!

Now what bearing such arguments as these have upon the admission of women into the profession we are unable to perceive. If women are so weak-minded as to be "*driven* into homœopathy" by opposition, they are certainly unfit to become members of the regular profession. Besides, why should we care if they do accept homœopathy? But we are told by the reporter that the gentleman asserted that they might be driven into "*etcetera*." Sincerely we hope they will guard themselves against such a dangerous procedure.

The philanthropist should not be so free with his satire, for the association was not warring with women any more than hanging a man would be destruction of

the human race. As for his right arm, he had better preserve it until there is a call for it.

We again assert that the Association should have given a firm and final decision upon this question, for it will undoubtedly arise at the next annual meeting, which will be held in the enemy's stronghold, Philadelphia.

THE rule of this journal—which is *pay in advance*—forces us to announce that very soon the last number will be sent to those who owe subscription. While we desire to enlarge our circulation as much as possible, we do not wish to bore with our journal any one who does not want it; if the subscription price is not paid, the *want* is not felt badly. We shall be under the necessity of considering all delinquents as non-subscribers.

WE acknowledge the receipt of the *Young Messenger*, a monthly journal, edited by Master Walter T. Dwight, and published for the edification of the juvenile world. The contents, besides being of the highest order, are strictly original, and well suited for both old and young. The paper is very neatly printed and presents an excellent appearance. It is published at Chicago, Illinois, for 50 cents per annum.

WE call attention to the advertisement of Stauffer's Gutta Percha Pessaries, in our advertisement sheets. We know no reason why his cup pessaries should not meet the indications in many cases. His globe, judging by the specimen of gutta percha sent us, is light and non-irritating. If we had occasion to use such instruments, we would surely try Dr. Stauffer's.

DR. J. H. Lemon, at New Albany, Ind., has a well established business, and a good office, with library, surgical instruments, buggy, etc., which he will dispose of cheap to any member of the profession. This is a good chance for any one in need of such. Address Dr. J. H. Lemon, New Albany, Ind.



WE notice that in the January number of the *Eclectic Medical Journal*, published at Cincinnati, some enterprising and erudite youth under the head of "Science in the Old School," gives some extracts from a clinic by Prof. R. N. Todd before the class of the Indiana Medical College. He italicises certain portions and comments thereon with, no doubt what he considers, great severity. He finds fault with the portions where the typographical errors occur, not knowing, or, we apprehend, not wishing to acknowledge that the proper corrections were made in the errata sheet of this journal, and that they were of course not what the Professor really said. In a note to the editor of the *Eclectic*, at the time, we desired him to call attention to the errata, and do not understand in what light he views journalistic etiquette which permits him to be silent upon the subject after such a request.

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## Reviews.

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THE DETECTION OF CRIMINAL ABORTION. By Ely Von De Warker, M.D., of Syracuse, N. Y. Reprinted from the Journal of the Gynæcological Society of Boston. Boston: James Campbell.

The above monograph treats of a subject that greatly interests the physician. That abortion may be discontinued or prevented, we must be able to detect the fact of criminal interference, and such power of detection should be made known to the applicant for such service. The amount of crime of this description is fearful, and the voluntary blindness evinced by many members of the profession is astonishing. Von DeWarker has presented some thoughts that, if applied practically, will enable us more surely to detect the frauds and impede the machinations of guilty women and their abettors.

CHEMISTRY. General, Medical, and Pharmaceutical, including the Chemistry of the United States Pharmacopœia. A Manual on the General Principles of the Science and their applications to Medicine and Pharmacy. By John Attfield, Ph. D. F. C. S., Professor of Practical Chemistry to the Pharmaceutical Society of Great Britain, etc. From the second and enlarged English edition; revised by the author. Philadelphia: Henry C. Lea. 1871.

This is a very convenient manual, and as far as text books are concerned one of the best we have seen upon the subject. A full and comprehensive index, with analytical tables, adds greatly to its value. The work contains 552 pages. For sale by R. Cathcart, Indianapolis.

WOMAN AS A PHYSICIAN. By I. P. Chesney, M. D., New Market, Missouri.

This is a special plea in favor of Woman as a Physician, in which the points at issue are very well handled. We can not agree with the author in many particulars. Our minds are made up that upon physical, to say nothing of the intellectual and moral adaptability of women to the profession, they will not be to any great extent engaged in the practice of medicine. Freedom of choice will perhaps be the rule. The evil will cure itself; the good we can not stop.

ON THE STUDY OF DERMATOLOGY. By Louis A. Duhring, M.D. Reprinted from the American Journal of Syphilography and Dermatology. New York: F. W. Cristeon.

This is a short *resume* of the various modes of viewing the subject as found in Germany, France and England. A change in nomenclature is advocated, which we have always thought was needed.

WESTERN MEDICAL ADVANCE AND PROGRESS OF PHARMACY. An illustrated quarterly journal. By W. H. Lathrop, M.D., Detroit, Michigan.

This is a new journal, and if the subsequent numbers are as good as the present one we wish it success.

DISEASES OF THE WOMB. Uterine Catarrh frequently the cause of Sterility. New Treatment. By H. E. Gantillon, M. D. Boston: James Campbell.

The object of this pamphlet may perhaps be better understood by an extract from the author's preface: "This rebellious and oftentimes reputed incurable affection has always been materially relieved, and generally radically cured, by the rational treatment I propose. The constant success I have obtained, without exposing my patients to any danger, has induced me to publish the method I have adopted."

The "new method" is by intra-uterine injection. The manner in which the author divides the subject for consideration is—

1. Anatomical and physiological reflection on the uterine cavity.
2. Causes of uterine catarrh.
3. Symptoms of uterine catarrh.
4. Diagnosis of uterine catarrh.
5. Prognosis of uterine catarrh.
6. Treatment of uterine catarrh.
7. Cases.

As to the manner in which injections can be used with safety, he says:

1. To proceed slowly.
2. To employ an instrument which can pass the isthmus easily.
3. To inject only three scruples or a drachm of liquid."

And again:

"The question whether liquids can or can not penetrate the abdominal cavity consecutively to intra-uterine injections, is of such vast importance that we must mention the following fact: Experiments on animals have constantly shown us that the injected liquid always flows back from the womb along the injecting tube, and never enters the Fallopian tubes. We have never been able to inject any liquid into the cavity of the peritoneum."

From a casual glance through its pages, we draw the conclusion that this is a monograph of some value; and if the treatment is all the author claims for it the profession would derive some benefit from its use in a very annoying and intractable disease. Nitrate of silver seems to be the favorite remedy for injections.

MEDICAL AND SURGICAL REPORTER. S. W. Butler, M. D., Philadelphia.

This seems to be one of the most wideawake journals we have. According to its own assertion—and we have no reason to doubt it—its circulation is as extensive as any. We wish that every physician would take it or some other of the numerous and valuable periodicals. There are none, we believe, that are not fully worth the money they cost.

THE April number of the Journal of Syphilography and Dermatology comes to our table filled with much valuable matter. The first communication is from Dr. Roosa, the eminent Professor of Diseases of the Eye and Ear in the University of New York, upon the syphilitic affections of the ear. Anything from the pen of Prof. Roosa is of value.

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## Miscellaneous.

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CHLORAL HYDRATE AS AN EXTERNAL REMEDY.—When chloral-hydrate is applied to the skin and kept in contact therewith for a certain time, it is found to induce redness and to cause pain, and if contact be prolonged, a bad and difficult-healing sore will result from the



action of the irritant. The mucous surfaces of the nose and eyes are especially sensitive to the action of this agent. The burning sensation is like that produced by a cataplasm of strong mustard; at the same time a sedative effect is observed, which obtunds to some extent the smarting, while it does not prevent an excessive irritation of the skin. It does not blister, but the part becomes much inflamed, and more or less swollen, and according to the duration of the application a simple reddening of the skin is observed, or a suppuration extending through several weeks may ensue. To apply chloralhydrate as an irritant, it should be finely powdered, and evenly and thickly spread upon adhesive plaster of the proper size, leaving a clean margin of an inch wide all round. For its rubefacient effect, leave the plaster on for half an hour—as an irritant and to produce suppuration, six hours time will be necessary. Delicate skins require less time, while thick and hard skins require a longer time to produce the desired effect.—*Richmond and Louisville Medical Journal.*

REPRODUCTION OF THE TIBIA.—This is an interesting account of a case in which Dr. Cheever removed the entire diaphysis and lower epiphysis of the tibia, with subsequent reproduction of the bone, a useful limb resulting. Since Ollier, in his great work *de la generation des os*, has only collected five cases, Dr. C. thinks such renewals are rare, and appends to his article extracts from all five of them at length. In the practice of the late Dr. Thompson F. Craig, of Danville, Ky., we, some years ago, saw almost a precise counterpart of the case which Dr. Cheever has detailed.—*Ibid.*

TYPHOID FEVER CONTAGIOUS.—G. E. Frothingham, M.D., (*Mich. Univ. Med. Jour.*) publishes twelve cases of typhoid fever, out of ninety cases, referable to contagion. He coincides with the assertion of Prof. Austin Flint, “that

as a rule people have this disease but once." Care should be observed in the disposal of the alvine evacuations, which there is reason to believe are particularly active in their contagious properties. These should never be thrown into the common privy, and their contagious principle should be at once destroyed by the use of anti-septic agents. All the clothes used about the patient should, upon removal, be rinsed thoroughly in a solution of chloride of lime of proper strength before they are washed. Dr. Wm. Budd regards a solution of green vitriol, of the strength of a pound and a half of the salt to a gallon of water, the best that can be used.—*Medical Record*.

CANCER ROOT.—Dr. Batwell (*Michigan Univ. Med. Jour.*) reports favorably of the use of an infusion of the *plantago cordata* or cancer root in the treatment of cancerous affections. "This plant," he says, "has been long celebrated among the Indians for its curative properties in cancers, and all who have tried it seem thoroughly convinced of its powerful alterative effects. Many cases through this section testify to the beneficial results arising from its use, and in the above case I saw that just as soon as this remedy was exhibited so soon did the tumors cease to develope, and those that had presented did not increase in size; and that just as soon as my patient became intolerant of its exhibition they rapidly increased both in number and magnitude."

NEURALGIC PILL.—T. C. Osborn, M. D., Greensboro, Alabama, writes to the editors of the *N. O. Journal of Medicine*, that the subjoined combination is very effectual in cases of neuralgia: Zinci cyanuretum, grs. vj; quiniæ sulphas, grs. ix; morphiæ sulphas, grs. iss; ext. belladonnæ, grs. iij. Ft. pilulæ No. vj. S. One pill every six hours until the pain is relieved.—*Drug. Circular and Chemical Gazette*.

## Chemical and Scientific.

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TO REMOVE SILVER STAINS.—Put half a pound of Glauber salts, quarter of a pound of the chloride of lime, and eight ounces of water into a little wide-mouthed bottle, and when required for use pour some of the thick sediment into a saucer, and rub it well over the hands with pumice stone or a nail brush, and it will clean the fingers quite equal to cyanide of potassium, but without any danger. This will do to use over again until exhausted, and should be kept corked up. The disagreeable smell may be entirely avoided by the liberal use of lemon juice, which not only removes the smell, but whitens the hands.—*Chem. Gazette.*

A NEW CEMENT.—When litharge is mixed with glycerine, a paste is formed which possesses the property of setting in a few minutes into a cement of extraordinary hardness. The cement thus formed resists the action, not only of boiling water, but of acids, alkalies, and in fact all the ordinary solvents, and will withstand a temperature of more than 500°F.—*Ibid.*

A DELICATE TEST FOR IRON AND COPPER.—The alcoholic tincture of logwood will produce a blue or bluish-black tint in water which has been run through iron or copper pipes, when neither tincture of galls, sulphocyanide, nor the ferrid and ferrocyanides of potassium show any reaction.—*Richmond and Louisville Med. Jour.*

# LIST OF EXCHANGES.

Druggists' Circular.....	Box 4246, New York
Boston Journal of Chemistry.....	150 Congress street, Boston
Boston Medical and Surgical Journal.....	Boston, Mass
California Medical Gazette.....	417 Montgomery street, San Francisco, Cal
American Practitioner.....	Louisville, Kentucky
Medical and Surgical Reporter.....	115 South Seventh street, Philadelphia
Cincinnati Medical Repertory.....	Cincinnati, Ohio
Chicago Medical Times.....	163 South Clark street, Chicago
Chicago Medical Examiner.....	12 Clark street, Chicago
Cincinnati Lancet and Observer.....	319 Elm street, Cincinnati
Medical Bulletin.....	Baltimore, Md
Detroit Review of Medicine and Pharmacy.....	55 West Fort street, Detroit, Mich
Medical Independent.....	Ninth street, Philadelphia
Physician and Pharmacist.....	122 Liberty street, New York
Leavenworth Medical Herald.....	13 Shawnee street, Leavenworth, Kan
Medical Archives.....	219 Olive street, St. Louis, Mo
National Medical Journal.....	Cor. 11th st. and Pennsylvania av., Washington, D. C
Medical News and Library.....	706 Sansom street, Philadelphia
Medical Gazette.....	109 Nassau street, New York
Journal of Materia Medica.....	New Lebanon, New York
Half-Yearly Abstract of Medical Sciences.....	706 Sansom street, Philadelphia
American Journal of Medical Sciences.....	706 Sansom street, Philadelphia
Journal of Psychological Medicine.....	New York
Richmond and Louisville Medical Journal.....	Louisville, Ky
American Eclectic Medical Review.....	205 Twelfth street, New York
New York Medical Journal.....	New York
Eclectic Medical Journal.....	Cincinnati, Ohio
Dental Register.....	Cincinnati, Ohio
Pacific Medical and Surgical Journal.....	San Francisco, Cal
American Naturalist.....	Salem, Mass
Canada Medical Journal.....	59 Great St. James street, Montreal
The Practitioner.....	174 Baltimore street, Baltimore
St. Louis Medical and Surgical Journal.....	St. Louis, Mo
American Journal of Insanity.....	Utica, New York
American Journal of Obstetrics and Diseases of Women and Children.....	New York
American Journal of Syphilography and Dermatology.....	77 University Place, New York
Journal of Gynecological Society.....	Boston, Mass
Cotton Zone.....	W. Abram Low, M. D. Albany, Ga
Archives of Sciences.....	Newport, Orleans county, Vt
Eclectic Magazine.....	E. R. Pelton, 108 Fulton street, New York
Buffalo Medical and Surgical Journal.....	Buffalo, New York
Nashville Journal of Medicine and Surgery.....	Nashville, Tenn
North-Western Medical and Surgical Journal.....	St. Paul, Minn
The Chicago Medical Journal.....	113 and 115 State street, Chicago
The New Orleans Journal of Medicine.....	130 Canal street, New Orleans
Ohio Medical and Surgical Reporter.....	Cleveland, Ohio
Medical Investigator.....	66 Lake street, Chicago
American Observer.....	Detroit, Mich
Michigan University Medical Journal.....	Ann Arbor, Mich
Figaro.....	Hudson & Menet, 21 Park Row, New York
Wood's Household Magazine.....	Newburg, N. Y
The Canada Lancet.....	Toronto, Canada
The Dental Times.....	1221 Spruce street, Philadelphia
The Medical Times.....	715 and 717 Market street, Philadelphia
The American Chemist.....	21 Park Row, New York
The Doctor.....	20 William street, London, C. W
The Baltimore Medical Journal.....	Baltimore, Md
American Journal of Microscopy.....	Chicago, Ill
The Educational Journal.....	1117 Main street, Richmond, Va
The Christian Record.....	Bedford, Ind
The Methodist Monthly.....	Greencastle, Ind
Dwight's Journal of Music.....	Boston, Mass
North Western Farmer.....	Indianapolis
American Sunday-school Worker.....	4 South Fifth street, St. Louis. Mo
American Stock Journal.....	Parkersburg, Chester county, Penn
Sunday-school Times.....	Philadelphia, Penn
Western Medical Advance.....	Detroit, Mich
The Medical World.....	21, Park Row, New York
Kansas City Medical Journal.....	Kansas City, Mo
Chicago Druggists' Price Current, Bennet & Son.....	186 Lake street, Chicago
Scientific American, Hudson & Menet.....	21 Park Row, New York
The Medical Cosmos.....	113 South 16th street, Philadelphia
Atlanta Medical Journal.....	Atlanta, Georgia
Herald of Health.....	13 and 15 Dwight street, New York
The Little Chief.....	Indianapolis



# INDIANA JOURNAL OF MEDICINE.

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## Original Communications.

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### CONCERNING COMPENSATORY HYPERTROPHY.\*

BY JAS. T. WHITTAKER, M. D.

A healthy scepticism is the sentinel of science. Modern science has even doubled her vigil. It not only coldly subjects every innovation to rigid scrutiny, but also boldly examines with the same searching investigation, declarations unchallenged before: none the less because sanctioned by authority or hallowed by time.

One of the most prevalent ideas of pathology is that of so-called compensatory hypertrophy, *i. e.* hypertrophy in the old sense of the term, compensatory increase of structural elements. Physiologist and clinician vie in eulogy of this wise provision of nature against accident and disease. How beautiful the thought that when one kidney, for instance, has lost its secreting structure these elements are developed anew in the other, and the physiology of this secretion remains intact!

It is proposed to demonstrate that such a compensatory hypertrophy does not and can not occur. That its

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\* Prepared for the Cincinnati Academy of Medicine, in a discussion on enlargement of the kidney.

doctrine is opposed to all our knowledge of the development and repair of tissue, as well as to the recorded experience of the most eminent and recent authority.

Firstly, compensatory renal hypertrophy finds no support in analogy, as has been claimed. Review all the secreting or symmetrical organs of the body, and the testimony is universal against it.

Will any one claim that the secretion of sebum or sweat, is increased in sound portions after the destruction, say by burning, of any amount of integumentary surface?

Take muscle next in order. Are not the elements of muscle increased by increase of use? Decidedly not. "For a long time pathological anatomists were in doubt, (I translate literally from Oppolzer's lectures, vol. I, p. 112,) whether hypertrophy of the heart depended on an increase of [muscle fibres, or a mere increase in size of pre-existing elements. Lately this question has been settled, and it is determined that hypertrophy of the heart depends upon a mere increase in size of pre-existing fibres, and that there is intercalated, also, between the enlarged fibres an appreciable increase of connective tissue." "The merit of this discovery," continues our author, "is due to Hopp, and Foerster's convincing investigations fully confirm it." (Compare Foerster's *Handbuch, der Pathologische Anatomie Speciellen Theil*, 1863, p. 569.)

That no hyperplasia, *i. e.* real increase of elements, occurs from exercise, is clearly shown by Virchow, (*Patholog. Anat.*, p. 93.)

It is indeed doubtful if there is even hypertrophy in the limited and true sense of the word. True it is, unquestionably, that the biceps of the blacksmith is larger when the arm is forcibly flexed, but this does not prove a hypertrophy, still less a hyperplasia of the muscle fibre. It only proves that the muscle responds more promptly and thoroughly, *i. e.* contracts more, than the biceps of

the individual of sedentary life. The *British Medical Journal*, June 3, 1871, p. 598, contains the following quotation in an article on muscular hypertrophy :

“ You may be tempted to inquire, if over-use of voluntary muscle causes atrophy, and under-use also, whilst moderate use leaves our frames well proportioned, what sort of use it is which induces hypertrophy? I confess that, in spite of the *decies repetita* statements of physiologists who have been copying one another from the time of Galen, I do not know that any kind of use at all does so, in the sense of making the substance of the muscle larger, when measured in a state of rest. Doubtless an actively employed biceps or gastrocnemius, will more readily be acted upon by the voluntary nerves, will contract more strongly, and be harder and more prominent when contracted; but I cannot find that it grows at all larger. I do not absolutely deny the existence of the physiological hypertrophy of muscle; I only say that at all events it is very rare, for I can not find any instance of it. The most notable example of muscular hypertrophy ought to be an active, well-made, one-legged man; seeing he uses one leg instead of two, it ought surely to be enlarged. Yet in measuring, in several instances, the remaining leg in a state of rest, I cannot find that the proportion which it bears to the arms, is at all different from the proportion in ordinary persons of the same build; and I can not find that as a rule blacksmiths’ arms are out of proportion to their legs. Both are muscular, for none but a muscular man can work at such a trade; and when excited, the brachial muscles contract more firmly than those of the lower extremity, and are more marked; but they are not disproportionately enlarged when relaxed.”

I beg the indulgence of the Society in dwelling thus at length upon the hypertrophy of muscle. It was the argument upon which the analogists laid most stress. The symmetrical organs may be rapidly disposed of. I

do not stop to discuss a compensatory development of one hemisphere of the brain when the other is destroyed by accident or disease, nor of the organs of special sense; the idea is absurd. As ridiculous would be the assumption that new air-cells are developed in one lung after destruction of the other. The puerile respiration of the unaffected side whispers to the ear in sounds as plain as language that the same cells are doing double duty. Crowd the labor more and the emphysematous chest shows itself to the eye. I am content, too, in the case of the breasts, to allude to the fact mentioned by all physiologists, that their occasional increase of size is due to the increase of the fatty and connective tissue of their composition. I would refer the analogical advocates of compensatory mammary hypertrophy, also to a form of treatment for hypertrophied breasts, mentioned in Holmes' Surgery, vol. IV, p. 667. 'This consists in extirpation of one that the other might atrophy in consequence. "In some of the cases," (I quote verbatim,) "after this operation the remaining breast diminishes considerably."

I am unable to find any instance where one ovary furnished double the number of graafian follicles after the other was removed, or that it ever increased in size except reflex inflammatory enlargement which impairs the integrity of its function. Numberless experiments have been made upon animals in the operation of spaying one or both ovaries, but an assumption of the functions of the extirpated organ by the sound one, is nowhere recorded. (See Millot, *l'art de procreer les sexes a volonte.*) The subject of ovariectomy of one organ is less liable to bring forth than a woman with both ovaries intact. Michel Procope Conteau prayed a sultan to surrender to him some of the beauties of his harem, for the purpose of physiological experiments, as Charles I, of England, abandoned to Harvey all the bitches of his park, but Michel's prayer was not gratified, and conse-



quently we lack more definite information on this subject.

I have already cited the statement of *Liegeor's* (*Med. Times and Gaz.*) in regard to the testicle, that such is the solidity of connection between the two, that an injury or accident to one reverts upon and atrophies the other. Congenital monorchism according to the same author, is a condition implying sterility.

Analogy, then, lends the argument no support.\*

Consider the possibility of an increase in the structural elements of the kidney from our knowledge of its primal development.

According to Ruthke, Valentin, Wheeler, Remak and Kolliker, from whose work on Embryology, p. 433, I now cite the kidney is developed from the bladder by an extension or eversion, (*anstülpung*) of its posterior wall, both epithelial and fibrous layers participating. The connection between the eversion and bladder remains on each side as the ureters, while the hollow pouch itself, as soon as the sixth or seventh week, presents a number of sacculi or sub-pouches. The sacculi are the renal calices. Their epithelial layer now sends out solid cells, which rapidly increase in size and branch off to form a border around the calyx; later at the eighth week, the elongated cells are grouped together; still later at the third month, they have become hollow urinary tubules, while their terminal extremity dilates to form the Malphigian bodies.

Now, it is a standing law in embryology, that the most complex organs are developed first; the primitive

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\*It is objected to this argument of analogy that the kidney is unique in its function, and hence is not to be compared in its physiology with any other organ of the body. The experiments of Oppler, Perls and Zalesky, clearly prove that this is not the case. "The kidneys like other organs, are truly formative organs, and not mere separators of things already existent in the blood." (Beale Kidney Dis. etc. p. 36.)

trace is the seal of the deposition of the brain and spinal cord. The kidney, we observe, begins its development before the sixth week, and its integral parts are nearly finished by the third month of intra-uterine life. Their primal occurs at the period of highest formative force. This formative force ceases at birth, and mere development, in the sense of unfolding, and growth ensues. New elements can no more be produced in the developed kidney than a new kidney can be created. The germs of development are not there, and neither new elements nor new kidneys are more possible without their germs than new men without ova. We are plainly taught in the physiology of tissue repair what structures may be renewed. "A true reproduction after loss or injury is limited to three classes of parts." (Paget's Surg. Pathology, p. 115.)

1st. "To those which are formed entirely by nutritive repetition; such as the blood and epithelia.

2d. "To those which are of lowest organization, and (which seems of more importance,) of lowest chemical character; as in the gelatinous tissue, the cellular and tendinous, and the bones.

3. "To those which are inserted in other tissues, not as essential to their structure, but as accessories, as connecting or incorporating them with the other structures of vegetative or animal life; such as nerve fibres and blood vessels.

"With these exceptions, injuries or losses in the human body are capable of no more than repair in its most limited sense, *i. e.* in the place of what is lost, some lowly organized tissue is formed which fills up the breach and suffices for the maintenance of a less perfect life."

If thus so complex a structure as that of the kidney cannot even be reproduced, how can it be supposed to be created?

Nature is not lavish of her power, nor is she a bungler at her work. Ample provision is made at the very

outset for any increase of so fluctuating a secretion as the urine. This is established by the collateral circulation of the kidney, as demonstrated by Virchow and confirmed by Beale, a provision by which "the blood flowing to the kidney by the renal arteries, may pass into the vasa rectæ and reach the veins by the capillaries of the pyramids without passing into the Malphigian bodies at all." (See Beale on Kidney Dis., etc., p. 37.) The same eminent authority shows us, (pp. 55 and 56,) the effect of an increase of the renal cells. "It is doubtful," he observes, "if any change more constantly impairs the action of any secreting organ than the numerical increase of the secreting cells. This increase is, indeed, incompatible with the discharge of its function." And again, in the pathology of the kidney, (p. 56,) "In enlargement of the kidney I have seen numerous diverticula growing from the tubes at short intervals amongst the tubes already existing, not only discharging no office themselves, but interfering with the action of adjacent secreting structure, which yet remains capable of activity."

Were the distinction between the terms hypertrophy and hyperplasia better understood, there could scarcely arise such a diversity of opinion as has been elicited by the report and discussion: hypertrophy as meaning simply increase in size of pre-existing elements; and hyperplasia numerical increase of elements.

That the increase of all the structural elements of the kidney is impossible, we think to have clearly proven. We pass now to the subject of hypertrophy proper, mere increase of size, the probability of which in the elements of the kidney, as well as of every other organ, has not been called in question.

Is this increase of size in one kidney after the destruction of the function of the other the rule or the exception? We claim that even this occurs in only a minority of cases, the sound kidney being in possession, in



the majority of cases, of structure enough for the function of both. The statement based on isolated cases, as by Bright, (Abdominal Tumors, p. 224,) Bennett, (Clinical Medicine, pp. 796-7,) and Roberts, (Disease of Kidney, p. 410,) may not be regarded as of the value of those of Foerster, and more particularly of Rokitansky, whose opportunities of observation have been unsurpassed in the history of medicine. Rokitansky, (Pathological Anatomy, vol. II, p. 146,) informs us that there may be hypertrophy "*occasionally* in one kidney after its fellow has been deprived of its functions." What this occasional hypertrophy is, he clearly and definitely exposes in another place, (vol. III, p. 317, German edition.) It "consists in increase of the stroma, in dilatation of the urinary tubules and enlargement of their epithelium, with richly granulated contents." Wunderlich, (Pathologie Therapie, p. 453,) makes the same qualifying remark: "One kidney," he says, "*occasionally* hypertrophies, when the other, in the course of life, is hemmed in development or becomes atrophied or degenerated."

Foerster, whose work was recommended by Virchow as a text-book, limits this hypertrophy still more. "True hypertrophy," he writes, (Pathologische Anatomie, p. 307,) "of one kidney after atrophy of the other, is *seldom*."

It would seem to be an easy matter to settle this question by consulting the reports of cases of carcinoma of one kidney, or of unilateral hydronephrosis or pyonephrosis, almost numberless cases of which are recorded in journal literature. So might assist us the various cases of wound of one kidney, such as the instance mentioned in Holmes' Surgery, vol. II, p. 421, where an injury to one kidney resulted in its abscess and total destruction. The absence of the injured kidney was noted at the autopsy, two years after the accident; but as in nearly all the cases of disease and destruction, no mention is



made of the condition of the other organ. Still, these cases must be reckoned as of value, so far as negative testimony goes, as so striking a pathological fact as an enlargement of the same kidney would hardly have escaped notice.

The operation of nephrotomy, though recommended with certain reservations, by Hippocrates, was only undertaken for renal abscess, up to the beginning of the present century, when it was performed upon a Mr. Hobson, British consul at Venice, by an Italian surgeon, for the relief of renal calculi. Two or three stones were removed. There is no further record of the case. As is well known, Simon has recently extirpated a kidney in the human being with perfect success. (*Times and Gaz.*, May 21, 1871.) In the lower animals extirpation of one kidney has been performed times without number. The operation was nearly always performed, however, in experimentations upon the production of urea and the generation of uræmia, so that but little attention has been given to the size of the other kidney. Only two observers, so far as we have been able to discover, have made accurate observations. Of these, only one has extended his observations over a long period of time. Rosenstein, (*Path. of Kid. Dis.*, p. 471,) has noticed an increase after six weeks. Flint's testimony is directly to the contrary. "In no instance," he observes, "have we been able to observe enlargement of the remaining kidney, even many months after the extirpation of one of these organs. In one experiment of which a record of the facts was made at the time, a dog from which one kidney had been removed, was kept for one year and nine months, and then killed while in perfect health. The remaining kidney presented no abnormal characters, and was of the same size as the other, which had been preserved in alcohol. There appears to be a general but rather indefinite idea," he remarks, "that when one kidney is removed,

in order that the other shall accomplish the functions of both it must undergo hypertrophy. This is stated as a fact by Paget, though we have failed to find any very positive observations bearing upon the question. It does not seem probable that the secreting structure of an organ like the kidney, after it has once attained its full development, can undergo physiological hypertrophy, or be the seat of the development of new secreting substance. Whenever the kidney is found hypertrophied in the human subject, it is due to the deposition in its substance of non-secreting tissue, which generally interferes very seriously with its functions. It is more reasonable to suppose that nature has provided in the kidneys as in the lungs and other organs, more working substance than is absolutely required for the elimination of the excrementitious constituents of the urine; and that even where one kidney is removed the other is competent to eliminate the amount of excrementitious matter that is produced under ordinary conditions of the system."

What, then, is the truth, in summary, concerning compensatory renal hypertrophy?

First, that there is no numerical increase of the component elements of the kidney.

Second, that in a minority of cases there is increase in the size of pre-existing elements, in the majority the elements existing in sufficient abundance for the superimposed compensatory function. To repeat the language of authority, it is occasionally observed by Rokitsansky, sometimes by Wunderlich, seldom by Foerster, and never by Flint. The error is one of wide prevalence. The question is one of scientific interest. No further apology is necessary for its full discussion.

*J. M.*

FRACTURE OF THE NECK OF THE FEMUR  
WHILE MAKING AN EFFORT TO REDUCE A  
DISLOCATION.\*

BY J. R. WEIST, M. D., RICHMOND, IND.

On the 6th of April, 1870, I was requested to see Mrs. J.— with Dr. Kersey at his office.

Found Mrs. J.—, an intelligent American lady, 57 years of age, yet looking several years younger. She reported the following history:

“On the 11th of October last, I was thrown from a wagon; after the accident I was unable to walk, and discovered that my right hip was seriously injured. A physician saw me within half an hour after the accident; he said my hip was dislocated. After working at it for some time, he said that it was reduced. A bandage was applied to the entire limb; I suffered great pain until the next day. When the doctor visited me, he said that the hip had slipped out of place again. A second physician was called to his assistance. I was placed under the influence of chloroform.

“The doctors claimed to have again effected reduction. To keep the bone from slipping out again, they put on a splint that extended from the axilla to the foot of the injured limb. This was kept on three weeks, and then removed, because of ulceration on the back part of the ankle. During these three weeks, I suffered great pain about the hip. When the splint was removed, the doctor said that the limb was all right, although it continued short and the foot turned inwards. I remained in bed three weeks longer, then began to move about a little by the aid of a crutch. I regained my general health, which had suffered a good deal during my confinement to bed. The deformity of the limb, however, has remained almost if not quite the same.”

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\* Read before the State Medical Association. Published by order.



On examination of the patient, we found her general health excellent. The right leg was shortened three inches; the thigh rotated inwards, and adducted. When standing, the knee touched the opposite thigh just above and slightly in front of, the internal condyle of the femur. The great toe of the dislocated limb fell behind the ankle, and rested upon the tendo-achillis of the sound limb. The great trochanter of the right femur could be felt directed forwards, and nearer the anterior superior spinous process of the ilium than natural. The head of the bone could be distinctly felt on the dorsum of the ilium. When the patient was placed flat upon her back, and on attempt made to straighten the knee and make it lie flat, the lumbar spine left its proper level and arched forwards.

The patient was able to flex the thigh to a considerable extent, and rotate it inwards and abduct and rotate outwards just sufficiently to allow the toes to fall clear of the sound ankle. No swelling, pain, or tenderness existed about the joint. The patient was entirely unable to walk.

We had but little trouble in diagnosing dislocation on the dorsum of the ilium; indeed, the only question that presented any appearance of difficulty, was in relation to the existence of fracture of the neck of the femur. The position of the great trochanter and the head of the bone on the dorsum of the ilium, however, rendered a differential diagnosis between fracture and dislocation comparatively easy. The diagnosis being settled the question presented was, as to the propriety of attempting reduction. After a careful consideration of the case, we decided to make an effort to return the head of the misplaced bone to its socket, provided the patient desired it, after she was made acquainted with the chances of failure and the risks involved. Mrs. J—— was fully informed on these points, and after taking time to consider them, she decided to take all the risks and have the operation made.



On the 10th of April, just six months after the reception of the injury, Dr. Kersey and I visited the patient at her home in Randolph county.

Mrs. J—was found in good condition, both physically and mentally, and anxious to undertake anything affording a chance of relief from her almost helpless condition.

Everything being in readiness, she was placed on the floor and brought deeply under the influence of chloroform by Dr. Kersey.

The patient, lying on her back, I placed my right foot on the pubes to fix the pelvis, and grasped the ankle with my left hand, while the right was placed beneath the head of the tibia. I then flexed the leg on the thigh, and the thigh on the abdomen, at the same time adducting and rotating a little inwards. During these manipulations the head of the bone was felt by Dr. Kersey to leave its position on the dorsum of the ilium and move downwards and forwards toward the socket. Holding down the pelvis with my foot, I attempted to raise the head of the bone over the edge of the socket into place, by lifting the thigh upwards, at the same time slightly circumducting and rotating outwards. Failing to effect reduction in this manner, the thigh was completely flexed upon the abdomen, and circumducted outwards until it formed a large angle laterally with the trunk; the thigh was then restored to a perpendicular, and the lifting and rotating process repeated as before. These maneuvers were repeated several times without success—in each instance the head of the bone was arrested at the lower and outer margin of the socket. An attempt was then made to replace the head of the bone by what Professor Bigelow terms the method by “Rotation.” This plan has been described in the words “Lift up, bend out, roll out,” and is executed by flexing the thigh, circumducting it outwards, and at the same time rotating it outwards. During the execution of these movements but little force

being employed—when the thigh formed about a right angle with the abdomen, and at the same time a large lateral angle with the trunk, a loud snap—audible all over the room—was heard, the limb was then easily brought down alongside its fellow into a normal position. For a moment, we both inclined to the opinion that reduction had been accomplished; a little examination, however, convinced us that the head of the bone was not in the socket, and that a fracture existed. The limb, when left to itself, was from a half to three quarters of an inch shorter than its fellow. By extension this shortening could be removed without difficulty, to again return when the force was removed. The foot turned slightly outwards. On grasping the great trochanter, while extension and rotation of the limb was made, very distinct crepitus was felt. The head of the bone was evidently behind the socket and a little below the ischiatic notch.

The precise line of the fracture could not be determined, but seemed to be at the junction of the neck with the shaft.

The patient was placed in bed, and extension made on the limb by means of adhesive straps, weight and pulley, the foot of the bed being raised some six or eight inches from the floor. Sand bags were placed on the inside and outside of the limb, to assist in keeping it steadily in position. For two or three days there was a good deal of pain and soreness about the hip, with slight swelling, but certainly much less of all of these than was anticipated.

Extension was kept up with a weight of from eight to sixteen pounds for six weeks—at the end of this time, union of the fractured bone seeming firm, all dressings were removed, and the patient directed to daily make some motion of the injured joint. When the dressings were removed the limb was found to be half an inch short, the foot pointed directly forwards. The patient

was kept in bed two weeks longer, and then allowed to be up and move about the house, with the aid of a crutch. Strength and mobility in the joint increased so fast, that in four months from the time when the bone was fractured the crutch was entirely dispensed with and a cane substituted, by the aid of which Mrs. J——walked with but little difficulty. After she began to walk, the shortening of the limb increased until it reached about an inch and a quarter.

When last seen, a little more than a year after the bone was fractured, Mrs. J—— could walk quite well without the aid of either crutch or cane. There was something of a limp in her gait, but this was not marked; a high heeled shoe compensating for the deficient length of the limb. The injured hip remained weaker than the other, yet she reported herself able to keep up rather an active life in comparative comfort.

Nearly all of the natural motions of the limb could be executed to a fair degree, external rotation and abduction being most restricted. There was very little deformity about the hip. The head of the femur remained in about the position it was left after the failure at reduction.

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### PNEUMONIA.\*

BY J. DANCER, M. D., OF KENDALLVILLE, IND.

In selecting this disease as the subject for an essay, I do not flatter myself that I will be able to add anything to the knowledge already acquired by the profession, of its causes, symptoms, pathology and treatment.

In order to appreciate the symptoms that are developed in inflammation of the lungs, it will be necessary to understand something of the minute anatomy of the lung structure as well as the physiology of the respiratory act.

The bronchial tubes, which arise from the bifurcation

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\*Read before the Northeastern Indiana Medical Society.



of the trachea, on entering the lungs divide dichotomously and consists of cartilaginous rings, circular muscular fibres and longitudinal elastic tissue; and lined by mucous membrane. Near the termination of the bronchial tubes, and after their diameters become less than 1-40th of an inch, they become irregular and changed in their structure, losing their cylindrical form, and are then termed intercellular. These terminal branches of the bronchia being covered by numerous saccular dilatations, the air cells constitute the lobules. Now the pulmonary artery, whose office it is to carry the venous blood from the right ventricle of the heart to the lungs, divides and subdivides into numerous branches, finally terminating in a net work of minute capillary vessels in the walls of the intercellular passages and air cells; and these empty into the pulmonary veins which carry the blood, purified by its passage through the capillaries to the left auricle of the heart.

Thus we see that the lungs are composed of an infinite number of bronchial tubes, intercellular passages and air cells. The pulmonary artery terminating in capillaries, which form a net work in the parieties of the intercellular passages and air cells; and then converge to form the pulmonary veins, by means of which all the blood passes through the lungs from the right ventricle to the left auricle of the heart, the blood in its passage through the capillaries in the parieties of the intercellular passage and air cells parting with its carbonic acid and receiving oxygen.

It is, therefore, the office of the lungs to eliminate one of the products of tissue metamorphosis which the blood has accumulated in its passage through the various organs and tissue of the body, and receive oxygen to that fluid, whereby it becomes revitalized, carrying its stimulating and nourishing influences for the renewal of life to the tissues of the body.



Now in consideration of the structure and functions of the lungs, the symptoms which are developed in inflammation of their structure are peculiar and characteristic, and the gravity of these symptoms will depend upon the extent of the lung tissue involved, the complications that may arise and the general condition of the individual whose lung is inflamed.

An attack of pneumonia is preceded generally by a slight indisposition for a day or two, such as aching of the back and extremities, slight head-ache and general lassitude; or it may result from the extension of bronchial inflammation to the lung tissue proper; or again, the patient may be in his usual health, and be suddenly seized with rigors more or less marked, during which there is oppressed breathing in consequence of the congested state of the lungs, attended with cough.

During the chill, or as febrile reaction is established, there is developed pain in the chest, which is, in the majority of cases, situated below the nipple, but it will also frequently be situated at the exact point of the inflammation; or if the pleura is implicated, the pain will be sharp and lancinating. At this stage of the disease, there is high febrile action, the surface is hot, with a scarlet spot upon one or both cheeks; the eyes are suffused, the urine is scanty and high colored, the pulse is frequent and full. The action of the heart is labored, owing to obstruction of circulation through the inflamed lung. The cough is dry at first, if it has not been preceded by bronchitis, but very soon there is expectorated up a viscid matter, which soon changes to a rusty color owing to the presence of blood. The difficulty of breathing will depend upon the suddenness of the invasion, and the amount of lung tissue involved. Everything being equal, the dyspnœa is more marked when the upper lobe is inflamed than when an equal portion of the lower lobe is involved; or if a considerable portion of both lungs become suddenly involv-

ed, the dyspnœa is extreme, and the patient is in imminent danger of death by apnœa, or from coagula in the heart.

Again, the disease may advance slowly, and totally destroy the physiological action of one lung, and the patient complain of but very little dyspnœa as long as he remains at rest. A case in point occurred in my practice, in the spring of 1866.

I was called to see C. E. age 19, who had pneumonia. I found upon percussion the right lung hepatized throughout its whole extent. By auscultation, could detect no crepitation, the breathing was more frequent than natural; but he complained of no dyspnœa until ordered to lie upon his left side, which position he could not maintain a moment, owing to a sense of suffocation. The patient recovered fully upon the use of tonics and potss. iodide.

The majority of cases of pneumonia that occur in this locality, arise in persons whose blood has been contaminated by the malarial poison; as is evidenced by the loss of appetite, bitter taste in the mouth, a coated tongue and imperfect digestion, and finally by great general debility. The functions of the liver are impaired, as shown by the yellow tinge of the skin and sclerotica. As a consequence of all this functional derangement, the brain and spinal cord become imperfect generators of nerve force, the circulation becomes more and more sluggish; the blood fails to be sent to the extremities in sufficient quantities to maintain animal heat; the heart's action is labored; the lungs perform their functions imperfectly; the extremities become cold and a rigor is established which would have ushered in a simple remittent fever, had there been no pre-existing irritation, such as bronchitis, or a hereditary predisposition to lung diseases. If after the chill is established the patient continues to be exposed to a cold damp atmosphere, the blood recedes more and more from the veins and capillaries

of the extremities and surface, the lungs become more and more congested, and finally there is a dull pain felt in the side, and the lung becomes inflamed.

The febrile reaction is not as marked in this variety of pneumonia, as in the simple, uncomplicated; in fact the malarial toxæmia may be so great that the patient may succumb before reaction is fully established. The patient is generally found in a semi-recumbent position, inclining to the side affected; the countenance is of a dusky hue; the expectoration is free, and consists principally of blood.

By percussion over the affected part, a dull sound is elicited, which is generally found to extend over one entire lobe. The nervous phenomena observed in this variety of pneumonia do not always depend upon the amount of lung tissue involved. There is frequently, from the very onset of the disease, low muttering delirium, alternating with that of a more violent character, at which time the patient attempts to get out of bed and into the open air, requiring considerable physical force to restrain him. In the milder form of this disease, delirium will not be present at all, or only during the night, the fever assuming more of the remittent type.

This is the variety of pneumonia that was met with by the pioneer physicians of the west, and which proved so extremely fatal, under the plan of treatment, then taught in the colleges and text books viz.: depletion, antimonials and mercurials. I have a distinct recollection of the first case of pneumonia I ever treated, (or maltreated.) I commenced operation by opening a vein in the arm, and had not drawn to exceed 4 ozs., when to my extreme disgust, and great alarm of my patient's family, he fell upon the floor in a state of syncope. My patient escaped death upon a more rational plan of treatment, given him by a neighboring physician.

All I have to say of the treatment of pneumonia at this time is, that the stage of the disease must be taken into consideration, the complications that may exist, and the general condition of the patient treated.

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## A CASE OF TRAUMATIC FRACTURE OF THE LARYNX.

BY R. E. HAUGHTON, M. D., OF RICHMOND, IND.

Mr. V., aged fifty, was running a circular saw in cutting timber. As he did so, the pieces of timber were piled up just behind the saw, in such manner that several pieces were placed one upon another, the saw running 2,500 revolutions per minute. On the 7th of September, 1870, the accident occurred in this manner: The pieces which were piled up in the rear of the saw fell over upon the saw while in motion; the saw caught them up, one or two at a time, and threw them with frightful force in the direction of my patient. One piece passed just over his head, by dodging, and as he saw the situation he partially turned his body, when a second piece of timber struck him directly over, and transversely across the front of the larynx. He did not fall, but staggered backward, and some one of the hands caught him, and saved him from falling. The shock was severe, and somewhat prolonged; great pallor of face, depressed pulse, with hemorrhage from the internal face of the injury or within the larynx. When I reached him he was lying upon his back, with a clammy moisture upon the face. His voice was lost—speaking in barely audible whispers. As I examined his larynx, I found crepitus upon both lateral surfaces of the walls of the larynx; his neck was emphysematous, the swelling extending over the chest, head, face and neck.



There was no apparent displacement of the fractured walls, unless slight flattening of the organ in front. My diagnosis was a fracture and a dislocation, or separation of the cricoid and thyroid cartilages, with rupture or laceration of the lining membrane giving rise to effusion of blood. The complete loss of voice, tumefaction and effusion of blood into the tissues, all showed a severe injury, with more or less danger to life. I enjoined perfect quiet, no effort to whisper or use the injured organs, while I gave him *verat. vir.*, in four-drop doses, every four hours, with morphia sufficient to relieve him. He could swallow without much difficulty. He could not or would not lie down, as a sense of suffocation came over him, and thus he sat in his chair most of the time. In seven or eight days he was much better, and was dismissed from treatment. His voice has never returned, though he is otherwise well. No inflammatory action was induced, but gradually all the symptoms, save loss of voice, subsided.

## REMARKS.

But little is to be found upon the subject of fractures of the larynx in works of surgery. A case is reported taken from the *Brit. and For. Med. Chir. Rev.*, January, 1869, which died suddenly on the third day, while making some effort to get into bed. In that case, the left arytenoid cartilage was incompletely luxated, and there was œdema of the glottis, chordæ vocales, and epiglottis. The sudden death arose from displacement of one of the fragments of the cricoid upon the arytenoid, thus completely obstructing the passage of air. If no displacement occur of the injured cartilages, then it would seem there was no great danger, as quietness and silence aid the cure and prevent any accident. But if there should be force enough to fracture and seriously displace the cartilages in the region giving attachment to the *inferior* or *true vocal cords*, not only is voice lost, but the

rima glottidis may be spasmodically closed, inducing sudden death. In severe and dangerous cases, the amount of danger would be indicated by dyspnœa, cyanosis-aphoniæ, great tumefaction, extensive emphysema, œdema of the glottis—and with these conditions super-added at any time before union has occurred, *displacement* of the fragments—sudden death might result. In view, then, of these facts, if in spite of all precautions, danger to life is suddenly presented, of which the patient and his friends should be notified, then laryngotomy if practicable and possible, if not tracheotomy, would be certainly justifiable, as the admission of air and sustaining the respiration would preserve the patient; as recovery is only a question of time if the respiration is carried on. Here the resort to operative interference is more creditable and justifiable than in croup or diphtheria, as in these we have the inflammatory conditions to contend with after the operation; while the conditions here alluded to will subside, or be removed, so as to save the patient. Then there are two distinct conditions into which we should separate these cases.

1. When there are no urgent symptoms, the patient being entirely quiet and silent.

2. If urgent symptoms appear, be ready to counteract them, and relieve as far as possible; and if the patient is likely to die from asphyxia, practice tracheotomy, and thus endeavor to save his life.

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RAW MEAT.—The use of raw meat in the treatment of disease is objected to by Mr. M. R. LEVI, (*Gironale Ver-neto*,) unless the said meat be other than that of the ox or the pig. He recommends the use of chicken, pigeon, or turkey meat for this purpose, as the others are apt to produce the tænia.—*Med. Record*, June 15, 1871.

## “EXCISION OF OS CALCIS,” REVIEWED.

BY W. S. MENDENHALL, M. D., LAENNEC, LOGAN CO., ILL.

In the May number of the *INDIANA JOURNAL OF MEDICINE* appears a report of a case of “Excision of Os Calcis,” by G. A. Duzan, M. D., of Zionsville, Ind.

Now, as Dr. Duzan was “feeling impressed with the necessity of removing diseased bone, and sought the assistance of Drs. Starkey and Bowers,” it is relevant to state their assistance were not the only ones solicited in this so-called operation. Had this case been correctly reported, and not erroneously exalted or magnified into a formidable operation, it would not have merited any comment. I was staying with my father, at the time, in Zionsville, Indiana, when in June, 1869, Dr. Duzan called upon me to accompany him and assist in this operation; expressing his confidence that the os calcis and astragalus were necrosed, and that amputation was inevitably necessary to afford relief. We repaired to the residence of Mr. Laughner, near Whitestown, to see his daughter, and found the little girl going about limping. Upon examination of tarsus, found two sinuses—one at the posterior, and the other at the outer surface of calcaneum, a little below external malleolus, which were discharging a little purulent matter. In the posterior sinus was detected a small spicula or fragment of exfoliated bone. By manipulation with the finger, it was found to be detached apophysis of the posterior aspect of os calcis, and extended from one sinus to the other. By taking hold of the visible fragment it was easily removed. Dr. Duzan’s diagnosis was, at time of operation, necrosis of os calcis and astragalus; and under his supernatural wisdom and erudition, he went prepared to perform almost any operation humanity might require. Syme’s and Pirogoff’s operations forcibly struck his intuitive mind; but, as suggestions were unanimously subversive of his theory, he reluctantly



acquiesced to the conservative plan of treatment of paring off periphery of os calcis as far back as tubercles; and if this did not ensure relief other means were to be enforced. The gentleman avers, "the foot presented a frightfully swollen aspect, was thick, clumsy, and puffy." This might have been the appearance at one time, but the foot presented no such manifestations at time of operation. The foot was of an anæmic hue, and rather wasted than swollen, and of normal palpation than of puffiness; indicating that all febrile or inflammatory action had subsided. The child seemed to be free from suffering. In regard to the operation, the Doctor says: "After making an incision from calcaneo-cuboid articulation around the heel, along the sides of the foot, to a corresponding point on the opposite side, and then dissecting up the flap thus formed, the whole under surface of os calcis was exposed, and was found extensively diseased, necessitating removal of entire bone." While I administered the chloroform, the Doctor made an incision from outer tuberosity around the heel to inner tuberosity; and taking the bone forceps he simply pared off the periphery. The bone forceps and scalpel were the *only* instruments used. There were *no dissections* made in this case whatever, and the under surface of os calcis was not *exposed* in any way. There was no perpendicular incision made, the one around the heel being the only incision in the case. The Doctor further asserts, "the calcaneo-articular surface of astragalus was found in a carious condition, and the carious part was removed with a gouge." Of course if the under surface of os calcis was not exposed, the calcaneo-articular surface could not be seen or felt; and so far as the gouging operation is concerned, it was all a myth. The operation was performed in about ten minutes, and was so insignificant that only one suture was required to bring the lips of the wound together, and no adhesive plasters were necessary or used in any way. Simple



cold-water dressing was applied, and in one week after operation the father of the child told me that she could run all over the farm; and in six weeks after, the child was brought to town to have her photograph taken, at which time she could walk without any perceptible lameness or impairment of gait whatever. It is evident if the entire os calcis and a part of the astragalus had been removed, the limb would have been left without support, and subject the ankle to frequent luxations, or have rendered the child a cripple for life. It is obvious to any physician of ordinary intelligence, that the child could not have been running about in a few weeks or even in one year, without there being more or less impairment of locomotion, after such a formidable operation as the Doctor has described. The object in parading before the public such hypothetical and fictitious cases is apparent, and is unworthy the imitation or respect of any honorable physician.

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## Proceedings of Societies.

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### DISCUSSION ON DR. WEIST'S PAPER ON FRACTURE OF NECK OF FEMUR.

*Dr. Boyd, of Dublin.*—I desire to ask the writer of the last paper one question in regard to the case. I would like to know how he accounts for the shortening of the limb after the cure was effected. It appears from the first part of the report that while the limb was dislocated there were three inches or two and a half of shortening; and after the fracture and the union, that was an inch and three quarters or an inch and a half, and there was only an inch and a quarter of shortening. I would like to have it explained how that was effected, unless there was a change in the position of the bone by placing it in its natural position? Perhaps there is some fact in regard to the matter that escaped my hearing.

*Dr. J. H. Stuart, of Spiceland.*—I wish him, when he answers that question, to answer another one. He speaks about the union of the bone having taken place at a certain period; and the thought arose in my mind, what union took place—whether the head of the femur was still out of place, or to what the neck of the femur adhered?

*Dr. Weist.*—Mr. President, I think that either the paper was more obscure than I think it is, or else gentlemen have not paid much attention to it. I have stated that the head of the bone was on the dorsum of the ilium, and I think it must have been high up to allow of three inches of shortening. The paper also stated that, in the effort at reduction, the bone left its place, and moved downward and forward to the edge of the socket, and finally remained very near the ichiatic notch. As to the second question, as to where the union occurred. There is no doubt that union occurred between the shaft and the neck of the bone at the seat of the fracture. The angle occupied by the shaft relatively to the neck of the bone was changed after the fracture. It was rotated out, and the union occurred between the shaft and the neck unquestionably.

*Dr. Wickersham, of Anderson.*—Does the Doctor think that, from the extension, by pulley and weight, the head of the bone ever returned to the socket—whether that was the conclusion?

*Dr. Weist.*—I would say more fully, no extension was used in the case at all.

*Dr. Wickersham.*—Well, weights?

*Dr. Weist.*—They were not put on with the idea of changing the location of the head of the bone at all, but they were put on with the same end in view that we have in putting on extension of a fracture of the neck of the femur *without* dislocation.

*Dr. Wickersham.*—I did not have reference to the manipulations at all. I was merely asking for informa-

tion—not with a view to criticism—in regard to the condition of the head of the bone and the union. I do not understand Dr. Weist to make a statement with regard to the position of the bone after union was effected. He makes a statement of it at the commencement, and of the use of the extension in keeping up the extension.

*Dr. Weist.*—I will answer, I stated that at an examination made a little more than a year after the fracture, the head of the bone evidently occupied nearly the same position as that in which it was left immediately after being dressed.

*Dr. J. A. Comingor, of Indianapolis.*—Mr. Chairman, I wish to offer a few thoughts on the case presented by Dr. Weist to-day in regard to dislocation of the head of the femur, and in consequence of an attempted reduction of that, a fracture of the neck of the femur. The case presents several points of great practical interest. The profession is almost equally divided in regard to the use of manipulation for the purpose of reduction, and the use of mechanical appliances for the same purpose. Hence the report, as it was left to-day, would probably be left in a condition from which a part of the profession—those opposed to the manipulation theory, and yet indorsing and adopting, for the purpose of reduction, the use of pullies and appliances—would infer that, if the mechanical appliances and extension had been used the fracture of the femur might have been avoided.

The error in that case undoubtedly was not in the diagnosis—for it was clearly made out by the surgeons first called in the case—there was no difference of opinion in regard to that—but there seemed to be an error in regard to the reduction. They supposed they had accomplished the reduction when they had not. Hence, from the period which elapsed (about six months,) and the age of the patient, one might easily expect that fracture would probably be the result, let the



reduction be attempted as it might. I do not believe that it was in consequence of the manipulation, that the fracture would have occurred any more by attempt at reduction by that method than by the application of instruments and appliances. Undoubtedly Dr. Weist and his assistant were justifiable in attempting the reduction. The results show very clearly that the limb was much better in the condition in which they left it than it was prior to the efforts they made. That is a difficulty which surgeons have to contend with in a reduction, and especially if the patient is of the age of fifty years. These fractures usually take place in persons of that age—just why, we are unable to say. Some have attempted to give as a reason, that it is on account of the earthy matter, which is largely in the ascendancy in an old person. But it is not proven by the fact. Indeed, investigators, in working the subject up, have denied that such is the fact. They partially effected the reduction, bringing the head of the bone down near the border of the acetabulum, and in its rising over the border the fracture was produced. We should be very cautious, when we meet dislocation of this joint, to effect the reduction in its primary stage. Undoubtedly it might have been done, if the effort had been managed properly. If the effort had been continuous until the reduction had been effected, the reduction might have been made without this complication resulting. Now it is very evident that a case of mal-practice should not be brought in an instance of this kind, for the reason that all our authorities—or a majority of them—refer to this difficulty in reducing an ancient dislocation; and I wondered at the essayist not referring to that in the presentation of his case. How careful we should be in making an effort at reduction at that stage of a dislocation, especially at the age of the patient; very cautiously preparing the patient for the result; stating that such a condition probably—not only possibly, but probably—



would occur! The patient takes all the responsibility, and really can not institute a case of mal-practice and carry it to a successful termination. It is true, a question arises whether we are justifiable in attempting a reduction of an ancient dislocation, especially in an old person. I think we are, certainly; at least this case justifies us in saying that we are justifiable in attempting it, for the reason that the limb is in a better condition now than it was before. There were several questions raised, after the essayist reported his case, as to what produced the shortening. The shortening undoubtedly occurred, in that instance, not in consequence of the fracture—but the head of the bone changed its position. It had a tendency, undoubtedly, to change its place from the border of the acetabulum, and assume to a greater extent the position it occupied before the attempt at reduction was made. That accounts for the shortening after the patient began to walk upon the limb. The question comes up here in regard to why this fracture existed. From the fact that the union took place so readily in that instance, we would infer that the fracture occurred in the capsular ligament; as it is generally understood and taught by the authorities that where a fracture takes place intra-capsular a bony union seldom, if ever, occurs. There is some philosophizing and theorizing upon the subject, as to why, when the fracture is inter-capsular, the union does not take place so readily as when it is wholly exterior to the capsular ligament. Some have it that it is prevented by the action of the synovial fluid upon the albuminous material that is thrown out for the purpose of repair. Others take the ground that it is in consequence of the interference in the nutritive process that is necessary there for the purpose of the reparative process. That is my own opinion—that it is not in consequence of the action of the synovial fluid that is thrown out there that the union is prevented, but it is in consequence of the interference of the nutritive processes

that exist. I believe it is generally admitted by the authorities that the nutrition is usually carried on through the blood-vessels that course along the round ligaments of the joint. During infancy, and before maturity, the blood is undoubtedly supplied in this way. After maturity, the nutrition is carried on through the channels of circulation that course through the bone itself, as it occurs in the shaft of the bone. Then we have this source of supply cut off, and we have an atrophied state of the round ligament; and it is in consequence of the want of this material that we fail to get a practical cure in a case of that kind. When we contemplate this subject in its entirety, and look at it from these different points, we can see the practical bearing of cases of this kind, and can understand why fractures do not unite so readily when inter-capsular as when they are extra-capsular.

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## Obituary.

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BLACKMAN.—Prof. George Curtis Blackman died at Avondale, near Cincinnati, on the night of July 19. For some time past Dr. Blackman had been suffering from some hepatic disease, which, complicated with ascites, terminated his life.

Dr. Blackman was too well known to need any eulogy; and his death is a loss not only to the profession but to the nation. Dying at the age of fifty-two, he was beyond the prime of life, but at the zenith of world-wide fame. He has left his works to testify to his great worth. A brilliant surgeon, of wonderful skill and marvelous memory—a good man has gone, and we mourn his departure.

LEE.—On Friday evening, July 21st, 1871, Drs. Ball, Wood, Thompson, Read, Young, Patric, Mann, Stone,

Long, and Walts, met at the office of Dr. Ezra Read for the purpose of paying respect to the memory of Henry D. Lee, M. D., of Lockport, Ind., who died July 21, 1871.

On motion of Dr. Thompson, Dr. Read was called to the Chair, and Dr. Young was selected as Secretary.

On motion a committee of five was appointed to draft resolutions suitable to the occasion. Drs. Thompson, Long, Young, Ball, Wood and Patrick were appointed, and submitted the following resolutions:

*Resolved*, That in death of Dr. Henry D. Lee, the community has lost a valuable citizen and physician, and the profession one of its most valuable members.

*Resolved*, That we tender to the family our condolence as friends and medical brothers of the deceased, and offer them the sympathies of our hearts in their afflicting and irreparable loss.

*Resolved*, That a copy of these resolutions be furnished the family.

*Resolved*, That the city papers be requested to publish these proceedings.

The resolutions were adopted, and the meeting adjourned.

(Published by request, in the INDIANA JOURNAL OF MEDICINE.)

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## Gleanings from Foreign Journals.

TRANSLATED BY DR. GUIDO BELL.

DR. BETZ recommends the expulsion of tape-worms even in the earliest age, for fear of the probable development of echinococci. He was successful in a case of a child six months of age. Parts of the worm had been voided five months before. He gave the half of the following mixture: Kamala-koussou, pulv. r. filic. maris aa half drachm, mell. despumat five drachms, aqua anisa three ounces; a teaspoonful every three hours.—*Memor.*

IN inflammation of the womb and in dysmenorrhea cold injections are not recommended by Despres. Violent bleeding, metritis, and pelvi peritonitis may result. The anæmia at first gives way to congestion, heat, and pain. Warm injections of about 90° to 100° work like warm poultices in inflammation; they soften and sooth the parts. Mr. D. observed the same effect in cases of dysmenorrhœa.—*Bulletin de Therap.*

DR. SCHMIDT details many interesting cures of passive congestions by iodine. Its indication, for instance, is nervous debility of females in beginning and ceasing puberty, during pregnancy and lactation, after long sickness, heavy loss of blood, weak nutrition, etc. But plethora, nervous vigor, irritation or inflammatory affections of the brain contra-indicate the use of iodine. The treatment must be very careful in regard to the dose; one drop may be useful, but another one two hours after might excite great nervous trouble. This is the cause of the different opinions about it. Dr. S. also recommends iodine in vomiting and diarrhœa, of pregnancy and chronic diarrhœa connected with debility. Iodine was successful in old and apparently hopeless cases. The dose was one drop of the tincture or one-tenth of a grain in pill form every two hours. Dr. S. has used iodine for several years, in cholera morbus, in doses of one to two drops every ten to fifteen minutes. The worse the case the larger the dose. He saw the same excellent effect in cholera asiatica; the tincture was diluted with alcohol and an aromatic water, to be taken in teaspoonful doses.—*Berlin Klin. Wochensch.*

PROF. GUSSEON publishes five cases of anæmia in pregnancy, proving that fatty degeneration, leukocythemia, and starvation were not the cause, but the excessive state of hydræmia during pregnancy. Transfusion of blood was without effect.—*Archiv. f. Gynæc.*



PROF. OLSHAUSEN says dysuria after confinement is well explained by Mattie; flexion of the urethra being the cause. Labor pains are reflex-motions caused by irritation of the os uteri; (mal-presentations are combined with feeble pains.) In the same way the bladder works; the sphincter vesicæ has not to retain, but to press out the last drops of water. The irritation is made in the urethra when a certain quantity presses by its weight. This theory would explain the retention of urine after confinement, because the urethra is flexed. Prof. O. bases his opinion upon several facts, and the nearly general assumption now-a-days that the sphincter vesicæ is a depressor. Dysuria caused by inflammation of the vulva or peritoneum appears soonest on the second day. Sometimes catarrh of the bladder occurs after catheterism, owing to some of the lochial discharge being introduced with the catheter.—*Ibid.*

PROF. OLSHAUSEN mentions two cases where conception occurred, although intra-uterine pessaries were worn at the time.—*Ibid.*

ON chronic affections of the heart during pregnancy and childbed, Prof. Spiegelberg says: "It is not the abdominal pressure which causes dyspnœa (Dohrn and Gusseroni), but the overwhelming labor of the heart. For the usual condition sufficient compensation is given by hypertrophy, but not when a new system of blood-vessels (of the placenta) is developed besides, in a relatively short time. Some trouble arises also after confinement by the altered pressure in the vascular system. The loss of blood is small in comparison with the increased quantity during pregnancy. The veins become overfilled, and the right side of the heart overloaded.

Anatomical and physiological facts allow us to construct theoretically an outline of symptoms which cor-

respond to the clinical appearance. The following is the result of Spiegelberg's investigations:

1. Insufficiency of the aortic valve is followed by trouble during pregnancy and relief afterward.

2. Insufficiency of the mitral valve has either no symptoms, when the defect is chronic, or the same trouble as when the valves of the aorta are insufficient, during pregnancy; or the trouble comes on immediately after confinement—when the affection is recent and not extensive.

In defects of the aortic valve, digitalis and veratrum are contra-indicated. Blood-letting, laxatives, even artificial premature confinement, are to be employed. In defects of the mitral valve, digitalis and veratrum and blood-letting are recommended, but not premature confinement, when the heart disease is new and not compensated, or when congestion of the lungs is likely to be caused by labor-pains, as in cases of pneumonia.—*Ibid.*

[ERRATUM.—Page 124.—The largest pieces of transplanted skin were of the size of a *lentil*, instead of a *cent*. English experimenters have used much smaller pieces.]

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## Editorial.

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WE have just received a copy of "The Eye in health and disease. Being a series of articles on the Anatomy and Physiology of the Human Eye, and its surgical and medical treatment. By B. Joy Jeffries, A.M., M.D., Fellow of the Massachusetts Medical Society, Member of the American Ophthalmological Society, Ophthalmic Surgeon to the Massachusetts Charitable Eye and Ear Infirmary, Ophthalmic Surgeon to the Carney Hospital,

Lecturer on Optical Phenomena and the Eye, at Harvard University, etc., etc." We have given in full the title of the book and the titles of the author, and shall proceed to ventilate some of our views in a few remarks "which we rise to explain," and are meant "with malice toward none, with charity to all."

For the delectation of readers poetically inclined, we quote the beautiful little quatrain adorning what may justly be denominated the *title-page* of this volume of one hundred and nineteen pages:

"A blind man is a poor man,  
And blind a poor man is;  
For the former seeth no man,  
And the latter no man sees."

The author *sees* the poor man's predicament, and *goes one better* in offering him a *draw*, so that he need not *go it blind*.

In modern times the Pacha of many tales has given place to the many-tailed Doctor; for if the latter writes a book or an article for publication he generally appends a long announcement of fellowships, memberships, professorships and lectureships in various societies and colleges, winding up the tiresome task by writing "etcetera, etcetera," at the end, as if to imply that he could tell us more if he only would, or had the time and breath. We see no reason why a physician should do this *unless he means it as an advertisement of his specialty* for it certainly can not lend any value to a book that the author was Toe-nail Extractor-Extraordinary to His Majesty the King of the Cannibal Islands, nor does it add to the intrinsic merit of the work that it was written by one who is a Member of the Society for the Restoration to an Upright Posture Accidentally Overturned Tumble-bugs.

The societies mentioned in Dr. Jeffries' book are all honorable associations, and profess to work according to the Code of Ethics, but the book is not any better for

having their names on the title-page; for after all a society depends for its worth upon the individual merit of its members.

This book is gotten up in a neat and attractive style, promising a great deal in its title-page, and is intended for the people. Now we think the profession need as much enlightenment upon the Eye and its diseases as the dear people; and we think Dr. Jeffries (for whose professional attainments we have the highest regard) would have done much better to have published a comprehensive treatise upon the organ of vision, for physicians. Practitioners are even now worried and bothered by meddlesome matrons who are ever ready to interfere with treatment and offer their advice to patients. Too frequently, on visiting a case which requires the directions to be followed carefully, do we find that some kind-hearted and well-meaning old lady has interfered with the treatment ordered, advising the patient to wash his eyes "in his own urine," or to "put a little sugar of lead or white or blue vitriol in a teacupful of water, and drop it into the eye," or has recommended *cold* when we have ordered *warm* applications. Too often do we find our advice neglected for that of the friend who, of course, has wrought marvelous cures with her eye-waters, loss of the eye resulting and the physician receiving the blame for not employing said eye-waters in an earlier stage of the disease.

There is "no royal road to learning," nor is there an easy method of mastering a surgical specialty. A little learning is a dangerous thing, and in our opinion the laity are apt to do more harm than good with the little knowledge they will absorb from the "Eye in health and disease." The various works on "Family Practice" and "Domestic Medicine" are fruitful sources of income to the sexton, and we think popular works on ophthalmology will prove of advantage to the vendors of artificial eyes.



We would like to review the "Eye in health and disease" fully, but will be compelled to allow it only a small space at present. On page 12, "the public at large" are instructed to remove foreign bodies from the conjunctiva by "taking hold of the lashes of the upper lid, drawing it forwards and downwards over the lower one, *blowing the nose violently with the other hand* at the same time." (The italics are our own.) On the same page is the assertion that "a little row of glands are situated in the edges of the lids, which secrete a sort of oil and wax, and these keep the lashes soft, and form a wall to prevent the tears flowing over." Perhaps "the people" can understand this sentence; we do not. Other authors tell us that the ciliæ are supplied with sebaceous glands, generally two to each cilia, and that the meibomian glands, opening on the *inner* edges of the lids, supply a secretion which lubricates the margins of the eyelids, prevents their adhesion, and protects them from the action of the tears. But we find nothing said of a wall of glands or a wall of oil and wax preventing over-flow of tears.

Dr. Jeffries speaks of "an alkaloid called sulphate of atropia (page 17.) We have been taught to call *atropia* an alkaloid, and *sulphate of atropia* a salt; and the one who taught us was an "A. M., M. D., etc., etc." too.

In the nine-line article on Iritis, "the use of one grain of sulphate of atropia in a tablespoonful of pure or distilled water is all I can recommend till the patient can get good advice." How is the patient to know he has iritis? And supposing he should swallow the above solution (for there are no further directions), by the time he could reach Boston in search of good advice, he might possibly be in that place where moths do not corrupt and iritis is known no more. Frequently in the pages of this book are the people given good advice, according to the Code, in a warning not to consult any one who advertises in any shape whatever, but to

go to an "ophthalmic surgeon." Who is the "ophthalmic surgeon?" No such title is conferred by any regularly chartered college, and the American Medical Association has decided that such titles shall not be recognized. How are the people to know who devotes particular attention to certain classes of disease, unless one writes an article or compiles a book, and assuming the titles of "ophthalmic surgeon," or "oculist and aurist," announces himself as such? And what is this but advertising? For our part, we see but little if any difference, between so-called "legitimate advertising" and the forbidden newspaper-advertising. Again, those who write best are not always the most successful practitioners and skillful operators, and the "legitimate advertiser" is very likely to obtain the bulk of practice, while his more unfortunate but equally skilled brother surgeon makes a bare livelihood, because he cannot arrange his thoughts in fitting language. Or, perhaps modesty forbids him to publish already well known facts, and lengthening his contributions with copious quotations, as Sir Humpty Dumpty says, "pollywags are good for corns," or Simon says "thumbs up," and maybe throwing in a few lines of \* \* \* \*; for a better understanding of which, the reader is referred to Tristram Shandy.

Truly it appears to us like "whipping the devil around the stump," for the profession to prohibit persons, who devote themselves *exclusively* to a specialty, from *modestly* announcing the fact in the daily press, and at the same time, uphold "legitimate advertising," wherein specialties are announced in the most attractive manner, intended for little else than to bring business.

We believe in the Code of Ethics, but we do not believe that its objects should be misconstrued and its language misinterpreted in order to favor a particular class, either specialist or general practitioner. The specialist cannot truthfully announce himself as a physician and surgeon, although he may possess a diploma. If he does

so he must take general practice, or tell those who request his professional services that he attends only to certain diseases, and yet this is publicly announcing his specialty, and is in violation of the Code.

The American Medical Association has resolved "that specialties be recognized as proper and legitimate fields of practice," and yet it has still further resolved, "That it shall not be proper for specialists publicly to announce themselves as such, or to assume any title not specially granted by a regularly chartered College," on the ground that it would be an unfair advantage over the general practitioner. Do not these resolutions give all the advantage to physicians in general practice, and practically kill specialties, and is not their effect shown in the various monographs, professedly of a scientific inquiry, but in reality business advertisements with the authors' names hung with many tails? We can very easily see the unfair advantage a specialist, who attends cases in general practice, would have over others, if allowed to advertise, but we cannot understand the mental astigmatism which sees so much fault in *exclusive specialism* calling itself by its rightful name.

We do not believe that the action of the American Medical Association in this matter would be sanctioned by the mass of physicians in our country, if put to vote, and we hope the time will come soon when the resolutions above mentioned will be reconsidered and justice rendered to all.

We have not said all we wish to say upon this subject, but will consider it again at some future time.

By reference to the announcement of the Indiana Medical College, on second page of cover, it will be seen that a change has been made. The tickets to the various chairs are free; Demonstrator's ticket, \$10; Matriculation ticket, \$10; the graduation fee remains the same, \$25. This change was in consequence of an arrange-

ment with the State University, by which the element of *free medical education* was incorporated.

IF any of our subscribers fail to receive any number of the JOURNAL, we hope they will not judge us harshly, but drop us a note, and we will see that they are supplied. "Mistakes will happen in the best" of sanctums.

ENCLOSED in the present number each delinquent will find his bill. "Be not angry," but remit! Without promptness in payment of dues we can not sustain the JOURNAL—with it, we will give you the best we have.

WE understand that the clinics of the Cincinnati Hospital will be conducted in the same manner as heretofore. Some change will be made in the staff, but this is not to effect the status of the clinic.

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### Miscellaneous.

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NEW REAGENT FOR ARSENIC. — A. Buttendorff found that an aqueous solution of arsenious or arsenic acid, to which sufficient muriatic acid had been added until it fumes faintly, produces, with protochloride of tin, a brown turbidity, and the resulting precipitate is mainly metallic arsenic containing some tin. One millionth part of arsenic is thus readily detected. If the muriatic acid is too dilute, the reaction does not occur. Solutions of antimony are not affected. Muriatic acid containing arsenic may be purified by first precipitating with protochloride of tin, filtering and rectifying.—*Wittst, Viertelj. Schr.*, 1870, 430, from *Zeitchr. f. Chemie*, 1869, xii, 492—*Am. Jour. Pharm.*



# INDIANA JOURNAL OF MEDICINE.

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No. 5.

## Original Communications.

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### REPORT OF MEDICAL TESTIMONY

*Before a Coroner's Jury, held in Ripley Township, Rush Co.,  
Indiana, March 31, 1871.\**

BY W. HOBBS, M. D., CARTHAGE, IND.

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#### *Gentlemen of the Jury:*

This is the body of a male child. It is entirely naked, and there is nothing to indicate that it has ever been clad. It has been proven before you, by some fishermen, that they found it yesterday afternoon, lodged against some drift in Blue river, a short distance from this place, in the same condition in which we now observe it. It is eighteen inches in length, and weighs five pounds and eight ounces. The right foot and ankle are gone, and the extremities of the bones of the leg are exposed and project nearly an inch below the torn soft parts which cover them. The right hand and fore arm are gone. The lower extremity of the bone of the arm is uncovered almost two inches, and the soft parts at the line of separation are torn and ragged. On the inside of the arm the bone is exposed to the shoulder joint, which

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\*Examination and dissection made in open Court.

is open and the humerus dislocated downwards. The flesh of this arm looks as though it was almost ready to drop from the bone. The phalanges have been torn from the left hand; the metacarpal bones are exposed upon their dorsal surface, as though the soft parts had been scraped from them. The integument of the hand, forearm and arm, to about its middle, is gone, and the line of separation torn and ragged. The scalp is all gone except some torn shreds which hang about the lower portion of the occiput. These lacerated strips have a few hairs upon them. These are about three-fourths of an inch in length, of a dark brown color.

The parietal bones are entirely stripped of all their coverings, and are separated from all their attachments, except along the coronal suture, where the cartilaginous borders have not broken from the membranes which hold them to the body. The frontal and occipital bones are alike exposed, and are only held in place by attachments along their lower borders. These several bones which are in view, are unbroken; they are well developed, having almost the usual firmness, margins and angles observed in a new-born child at full term. The upper and lower lips, and the coverings of the nose and central portions of the face are absent, and the bones exposed. The soft structures of the nose are all gone. The eyeballs are in their sockets, but have no coverings; they lie deeply, are shrunken and flattened. The color of the iris is blue. From the left nipple, extending toward the middle of the clavicle of that side, there is a rough gash through the integument two and one-half inches in length; it does not penetrate the cavities of the thorax. Upon the posterior and right side of the body is a ragged wound, circular in form, almost three inches in diameter, through which the lower ribs, liver, and ascending colon may be seen. The integument of the penis and scrotum are gone; the testicles are exposed and are lying below the pubis. The umbilicus is

exactly in the center of the body. The cord presents the appearance of having been cut, and almost one inch of its length is with the child. There is no appearance of a ligature having been applied to it. The stump of the cord is flabby, but not much shrunken, and has the color and general appearance of other portions of the flesh. No indications are present of effort for its separation. The nails upon the toes of the left foot are well developed, and cover the toe. These are the only nails left upon the child. The general appearance of the body where not mutilated is well developed and rotund, presenting the aspect, in form and outline, of a child of nine or ten pounds at birth. The color of the body, as you see, is a bluish white, with the blue prevailing over the abdomen and about the neck; at the throat you observe that it is almost black where the skin has been folded upon itself. The general appearance of the surface looks like it had been macerated in water for a considerable time. There are no spots or other marks to be observed, than what have been noted. No cadaverous or putrefactive odor can be distinguished; upon putting my face near the body, I only discover a soapy fœtor. By percussing with my fingers, thus, over the chest and abdomen, there is a dull sound. The feel of the body is that of an inelastic compressible solid, very much like putty. You observe that after pretty firm pressure with my finger, there remains a pit. These torn and exposed fragments of skin and muscle about the face, arms, and right leg, do not feel like flesh, but give a cheesy, soapy sensation. Upon being pressed between my finger and thumb, they press apart and crumble. Here upon the face you see that with my finger I can separate the soft parts from the cheek bones, and upper and lower jaw as I now do. Wherever we examine the flesh the same appearance prevails. The soft parts of this body have been converted into adipocere, a kind of animal soap, into which flesh and fat are transformed by maceration

in water. By chemical reactions the lime and other alkaline bases which enter into the composition of the body, or which arise in these changes, form a union with the acidified fats, and the peculiar product which we call adipocere, is the result.

These are all the facts which present themselves upon the inspection of these remains, which occur to me as being useful to you in your inquiries.

We will inquire what testimony we can procure by dissection, and as the head is so much mutilated, we will first examine it, by an incision along the top from before, backward through the membranes of the brain. Upon entering the cranial cavity we find the brain all gone, and in its place only a few ounces of reddish looking water, in which is floating a small quantity of broken down cerebral substance. We further expose the bones of the skull, face and jaws, by detaching the saponified soft parts with the fingers, and find them all in proper relation and no fractures.

We next make an incision from the center of the clavicle on each side, downward through the walls of the chest to the diaphragm, and across, joining the two, thus making a large flap, which we will turn up and back over the face. You see the thoracic organs now well exposed. The lungs are small and lie back against the posterior wall of the chest, and about one-fourth fill the cavity. The thymus gland is nearly as large as the heart. The color of this gland as well as that of the lungs, is a bluish red, or deep violet, except that the posterior and upper portions of the lungs are of a bright red color. These very red portions of lung substance appear to constitute about one-fourth the whole, and the line between the red and the blue can be distinctly traced. No fœtor can be detected here indicating putrefaction. The smell is more that of flesh than we have before observed. These organs have not undergone the changes discerned on the outside of the body; the tis-



sues are firm and strong ; no appearance of adipocere ; in fact, they are in a state of excellent preservation. The heart, thymus gland and lungs we now remove from the cavity and insert in this bucket of rainwater. The mass sinks, as you see, until it reaches a point almost entirely below the surface of the water, where it rides, and when I push it deeper it returns ; so if I lift it higher. We next remove the heart and its coverings and thymus gland, and put the lungs alone in the water. They float deeply, scarcely more than one-half their substance being above the water. I now cut the right lung from its fellow ; they both float, there being not much difference in their bouyancy. Next, I cut the right lung into seven nearly equal portions ; all the parts float deeply except that cut from the lowest part of the lung, which goes to the bottom. The left lung I will cut into six parts ; all float as in the right, except that from the lowest part, which touches bottom.

You perceive that I cannot so press or squeeze these fragments as to make them sink. After compression, they are light as before. When I compress these red portions with my fingers, I feel a peculiar sensation, which we call crepitation, and in cutting them with the knife, the same sensation is observed. In cutting and compressing the darker portions, this feeling is not noticed.

By a stroke of the knife, we will next open the pericardium, and out comes the heart. It is healthy in appearance, and its cavities are all empty, as are also the great vessels attached.

By an incision along the mesian line of the body to the pubis, we are able to turn two flaps aside and expose the abdominal organs. These are also in a good state of preservation, but look like they had been washed or soaked a short time in water, which, perhaps, entered the cavity at this large hole in the side before examined. The stomach has only a little watery mucus in it ; there

is no appearance of food. The colon and rectum are filled with a dark, sticky, tarry substance, which we call meconium; it is a little more fluid than that usually discharged at or soon after the birth of a child. The bladder is empty. The liver and spleen look healthy.

This, gentlemen, I believe is all the testimony this body affords us relating to the facts which you desire to know.

Question by Coroner. Was this child born alive?

Answer. I do not certainly know. I know that it breathed air, but whether in the facts which the law requires it was born alive, I can not tell.

Q. What do you understand to constitute birth in law?

A. Complete delivery; the infant must be wholly out of the body of the mother.

Q. Can a child breathe before it is born, in this sense?

A. They often do.

Q. How does this occur?

A. A child may breathe at any stage of labor when a sufficiency of air reaches it. This can never occur until the membranes are ruptured. In face presentations, when the mouth of the child is applied to the orifice of the womb, the vagina and external parts well dilated, and the position of the mother favors it, the air may reach the child and cause it to respire. In presentations of the breech or of any other part, where there is such a want of adaptation between mother and child, as, for example, a small child and wide passages, and the conditions allow the air to reach the respiratory organs of the child, it may breathe. More commonly, however, this occurs after the head has been expelled, and before the body is delivered. At this point there is usually a short period of rest, which the child quite often improves in efforts at respiration. In this they so far succeed as to utter an audible cry.

Q. Could this child have breathed before the birth was completed?

A. So large a child as this could only have respired in a face presentation, or after the delivery of the head.

Q. Can you tell us how this child presented?

A. I can not. To determine this, the points of observation upon the head are gone. There being no marks of pressure upon the breech or lower extremities lead me to conclude, however, that the head probably presented.

Q. Did this infant breathe full and freely?

A. It did not. It never cried aloud or breathed long.

Q. Do you think as few respirations as this child performed, could have occurred before complete delivery?

A. I do. I have often seen more perfect respiration before the birth was complete. I once saw a case where, after the shoulders had passed the mother, the further progress of delivery was delayed by the shortness of the umbilical cord, and the child cried lustily before I succeeded in removing the difficulty.

Q. How do you know this child ever breathed?

A. I know it because we found air in the lungs, and it only got there by respiration. The foetal lungs before respiration, are very small, of a bluish-red or violet color, and lie flattened against the posterior walls of the chest. They have a solid feel, like liver, and in whole or in part, sink in water. When respiration is established they expand and enlarge in size according to the completeness of the act, by filling up the air-cells, and such portions as receive air usually change in color, from dark red to a bright red or scarlet color. By admission of the air they become lighter and will swim in water. The extent of these changes is a measure of the extent of respiration. While these changes are not always apparent after some degree of respiration, when they are observed, respiration may be considered as having occurred unless otherwise explained. You observed during

the examination of this body, the appearance of these several changes.

Q. Is there no way for the air to get into the lungs but by breathing?

A. Only by breathing and by artificial inflation. The latter I do not take into account in this case, because it is quite as probable that a child should live without breath, as that parties would make efforts to bring it to life who were so unnatural as to expose it, as this has been, after their efforts had proved unavailing.

Q. Can you distinguish by the state of the lungs, natural from artificial respiration?

A. If the effort at inflation be so successful as to get the air into the lungs, I cannot, but even by the most experienced persons, and by the use of the most approved means and methods, this is so difficult to accomplish, that in inquiries of this sort, it need hardly be taken into account.

Q. Is there no other way by which the lungs may be expanded, and the changes observed in them effected, but by the admission of atmospheric air into them?

A. None. The lungs are sometimes found distended so that they will float in water, by gases formed in their substance in the course of their own putrefaction; but such gases do not change the color of the lungs as air does, from violet to scarlet. Such gases may also be easily pressed out, so that the parts will sink. We should not find the lungs expanded and floating from this cause without very evident signs of putrefaction in other parts, as these organs are very slow to decay. In this case we have noticed the absence of all evidences of putrefaction, and especially so in the thoracic cavity.

Q. You are then positive in the opinion that this child breathed?

A. I am.



Q. Was the respiration which it attained sufficient to sustain life independent of the mother?

A. I think not.

Q. How long did it breathe?

A. But a very short time.

Q. Why do you think so?

A. It was a well developed child; born at full term; possessed of a large amount of vitality; ready to set out in the world with vigorous life, and the complete establishment of all the necessary functions; and had there been no hindering cause exterior to itself, so soon as it was ushered into the world, would have struggled and cried for breath until its lungs were full of air. If such a child breathe at all, it will respire fully and live, unless destroyed by accident or violence.

Small and imperfectly developed children, with no constitutional force and activity, need little respiration to keep them alive; they often survive many hours when the lungs scarcely show that they have breathed at all; but such children as this must have more air; they struggle for it; they scream for it, and will have it or die as this did. Besides these, there are other reasons, possibly more unquestionable, why I know that its life was short. By these, however, we can not number the minutes or hours of infantile life, but the days rather.

The stump of the cord which is attached to the child, after birth soon loses its fluids and becomes shrunken and flabby, and darker in color; a line of separation is formed at the body, and in a few more days it drops off.

None of these changes have occurred in the case before us; the cord appears as though fresh cut, except that it has undergone the process of saponification. The bowels have not been moved as they contain the original foetal contents. Their evacuation may occur before complete birth, or be delayed some days. The same may be said of the bladder. The only testimony offered by the blad-

der is, that besides respiration, another of the functions of life was performed, if not after birth, very near its completion, thus further proving the vigor and activity of the new being.

Q. Have you observed anything which enables you to determine how it came to its death?

A. I have not. The body is so mutilated and so much altered by exposure, that I am not able to determine what injuries or violence it received during life.

Q. Can you tell us whether any part of the injuries which have been inflicted upon this body were imposed during life?

A. There may or may not have been injuries inflicted during life. I can not tell. The appearance of the torn surface and mutilated extremities indicate to me that the parts have been separated since the flesh was saponified. The absent parts have been torn away, not cut, and the lines of separation show that before this was done, the flesh had lost its natural strength and resistance to force.

Q. In your opinion how did this mutilation occur?

A. I can make no certain answer. I have a theory, but no positive knowledge.

Q. Might respiration have been established before complete birth, to the extent which you have noticed in this case, and death have occurred from natural causes, before the child was born into the world?

A. This has often occurred.

Q. Could injuries be inflicted upon a child during its birth, and after respiration was established, by unskillful persons, which would cause its death?

A. This might be done in any presentation, but more especially in those of the head. After it was delivered, and the child breathing, during the interval of pain, the infant might be smothered or strangled, or the most violent injuries inflicted upon the exposed part.

Q. Are there any natural causes which would be likely to produce the death of the child so soon after the birth of the child, as you think this died?

A. Such a child as this, having been born alive, and having respired to the extent which it certainly did—I know of no natural cause which would immediately destroy it.

Q. Are there any accidental causes, which could product such a result, without being criminal?

A. Certainly, very many of these in unattended labors. It may be flooded and strangled by the discharges; may be smothered by the face upon the bedding, or other contact which would cover the nose and mouth; may be strangled by the umbilical cord coiled around the neck; may be delivered while the mother is upon the seat of the closet, and drop into the sink; indeed there are many accidents which may befall it if there be no help at hand.

Q. Might such accidents occur without responsibility on the part of the mother?

A. They might. The concluding agonies of labor are often such—even though consciousness be not destroyed—that all things but herself are forgotten by the mother.

C. How long has this child been dead?

A. Not less than six or eight weeks.

Q. How do you determine this?

A. By the progress of the saponification of the body. It has been found that this change can not be noticed by less than four weeks' maceration, and that six weeks at least are necessary to complete it in the scalp. The thicker soft parts will require more time. The progress which has been made in this case renders it probable that nearly or quite eight weeks have been consumed.

Q. How do you explain the fact that the internal organs of the body were not also saponified?

A. Being shut in by their walls, they were not ex-

posed to the direct action of the water. The abdominal cavity was opened by the wound in the side, but the water had doubtless been recently admitted.

Q. Do not changes identical with those observed in this body sometimes take place in the womb, and are not the products of conception—even more completely saponified—sometimes delivered?

A. Yes.

Q. May not this body have been delivered in the condition in which we find it?

A. I think not. Saponification in the womb is caused by maceration in the amniotic fluid, and can occur only while the foetal envelopes are entire. This child has respired; this act could not have been performed, either in the womb or out of it, while the membranes were unbroken. Hence it is impossible that a child which has respired should have been delivered in a state of saponification.

Q. What do you think as to the race to which this child belongs?

A. If it be not of pure Caucasian blood, there is a large preponderance of such.

Q. Might it have negro blood, which you can not now discern?

A. It might. The new born children of mulattoes are much fairer than their parents, or the complexion which they afterward assume. Observation has taught me that a very small trace of negro blood may be discovered upon the scrotum and perineum of a new born child, when there are no indications elsewhere of its presence; but in the subject before us the scrotum has been lost, and the perineal surface too much altered from nature to afford so delicate a test.

Q. Doctor, this is not a court to try, but to accuse; it is a court of inquiry. It is our business to search for such information as may form a basis of action for others. Hence more liberal rules of evidence and inquiry are



allowed us than in higher courts. We now desire some opinions which you have doubtless formed during this examination, which—while you would not state them as facts certainly true, are nevertheless highly probable, as you believe. Such opinions may afford us much aid in shaping the course of our proceedings. Will you please give us your theory of the mutilation of this body?

A. Here is my theory. This body did not get into Blue River by accident; it was put there by design; the design was concealment. No one so ignorant as not to know that after the human body has been a while in water it becomes lighter, and rises to the surface, even should it not at first float. Hence, to make the concealment certain and permanent, a stone or other heavy body was tied to the child to anchor it. The cord which fastened the stone included in its knots the right leg bent over the abdomen, and tightly tied just above the ankle joint—the right arm, just above the elbow, tightly, and the left hand above the wrist. Thus secured, it was tossed into the river. The stone, being heaviest, went first end foremost, and gave the right arm—which was securely tied above the elbow—such a hitch as to dislocate the humerus, in the direction of the force—which was downward, as you have seen. The weight held it to the bottom of the river. The body of this child was so largely composed of fat, and there was so little bone, that at birth it was probably lighter than water—if not then, it soon became so in the water. The movement of the current would sway the body, and make it pull upon its anchor. When, by the process of saponification, the limbs became too tender longer to bear the strain upon them, they successively separated at the joints—which were ligated—except that the left hand slipped through the knot. The body then arose to the surface, and floated until found. Besides these, other injuries may have been occasioned by contact with

bodies floating in the current, and by the nibbling of fish and turtles.

Q. Have you have any information outside of this examination which will cast any light on the history of this body.

A. I have none.

#### REMARKS.

The foregoing examination occurred, as indicated in the title, on the 31st of March, 1871. At that time, neither court nor witness had any information in relation to the case, except what has been reported. A few days afterward, suspicion fastened on a mulatto girl who resided half a mile from where the child was found, as being its mother. On the 4th day of April, she presented herself before the same court and jury, and testified that about the first of February, at 11 P. M., she was delivered of a child at full term; no one was present but her father and mother. It was born alive, as she knows from having felt its movements against her person, after its delivery; it did not cry, nor did she hear its noise; she never saw it, and did not know its sex; the after-birth came with it, or about the same time. Her father immediately "snatched" baby and after-birth from her bed; he carried them out at the back door, in the direction of the place where this child was found, and less than half a mile away; he did not return until an hour afterward. He threatened to kill her if she ever spoke of the matter; through fear of him, she had concealed all the facts from her most intimate friends; and she had no doubt that she was the mother of the child which was the subject of this inquest.

## A CASE IN PRACTICE.

BY J. B. HOAG, M. D., KNOX, STARK COUNTY, IND.

A case, the most remarkable in many respects that ever came under my notice, has just terminated, and as it presented many unusual features, I propose to give a statement of it for the benefit of my medical brethren.

S. J. L., æt. about fifty years, a man of late years of perfectly temperate habits, had for over eight years been in feeble health. About two years since I attended him through an attack of typhoid fever, and at that time he complained of incontinence of urine—that his kidneys were affected. He also asserted that pus was mingled with his urine. I gave him a prescription, which he did not use.

Time passed on, and his complaint, supposed to be an affection of the kidneys, grew worse; he was unable to work, and was in fact, for more than a year previous to his death, a confirmed invalid. During this time the odor emitted from his body was very offensive. At that time my opinion was that he had Bright's disease of the kidneys, but he persistently refused to undergo treatment for it.

Some two or three months ago, at his request, I gave him treatment. He seemed for a time to be much benefited; he had better control over his urine, and the urine was for a considerable length of time free from pus, the patient at the same time regaining strength.

At the time I commenced treating him he was unable to leave his bed, except for a short time, but was soon able to walk out for a considerable distance.

I questioned him frequently in reference to the condition of his lungs, and he always affirmed that there was nothing the matter with them—indeed, there was no reason to suppose that they were affected. He had no cough, never expectorated, and to within a few days of

his death, had the strongest voice and could be heard the farthest of any man in the neighborhood. He lived with a son, a lad who was frequently absent too long to suit him, and this fact often brought his voice into requisition.

The treatment consisted of combinations of alum, populin and eupatorium, also of iron and vegetable tonics.

Occasionally he was troubled with hectic fever and chilly sensations. A few days previous to his death, there was a copious discharge from his bowels. His death occurred June 17, 1871.

The night following his death, Drs. Spahr, Burkett and Garner, and I, made a post mortem examination of the body.

I should have remarked before, that every physician in the neighborhood who saw him, pronounced his disease to be Bright's disease of the kidneys, and certainly the symptoms pointed strongly in that direction. While some of the symptoms were absent, there were enough present to warrant this diagnosis.

We confidently believed that the autopsy would reveal an extensively diseased condition of the kidneys, but to our astonishment such was not the case. The kidneys were rather of abnormal shape, and small, but exhibited but little lesion. In two or three places, on cutting into the substance of these organs, spots were found about the size of the end of the little finger, in the center of which was a small spot, less than the size of a grain of wheat, but the general appearance of the kidneys was healthy.

The intestine presented rather a dark, and in some places a congested appearance, and the lower part of the colon was covered, for the space of more than eight inches, with tuberculous deposit, increasing it to more than three times its natural size.

With the exception of two places, one about the size of a half dollar, the other smaller, which were of the



natural thinness, the peritoneum was congested and thickened in places to more than a quarter of an inch.

The right lung was nearly withered away, and presented the color of marble filled with black streaks.

The lower part of the left lung seemed to be healthy, except upon cutting into it, the color was of a more dingy cast than natural. The upper part of the left lung was filled with tubercles. The bladder was entirely absent. In its place was found a thick substance, in size about one and a half inches long by one inch wide, and over one fourth of an inch in thickness. In this the ureters entered, and formed their connection with the urethra.

I should be happy to see the opinions of medical gentlemen in reference to this case, in the *Journal*, and will willingly answer any inquiries that may be made relative to it.

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## FATAL HEMORRHAGE FROM SLOUGHING OF AXILLARY ARTERY.

BY W. C. RANSOM, M. D., JODDEN, IND.

April 6, 1871. In consultation with Drs. J. Ransom and Mason, I saw Mr. John Stoba, farmer, æt. 46, who ten days previously had been attacked with phlegmonous erysipelas, involving thorax, right shoulder, and arm, as far as bend of elbow. Since the commencement of the disease the patient had been delirious most of the time. The swelling was so great that the arm could not be moved from the side, and the cheek rested upon the shoulder.

By request, I took charge of the case, and at once made an incision, two and a half inches in length from the nipple upwards and outwards; an incision in arm, near insertion of deltoid muscle, and another near the elbow. From these three incisions there was discharged

thin ichorous pus, loaded with masses of areolar tissue, resembling wet chamois leather.

The patient was placed upon tonic and stimulating treatment, and notwithstanding the profuseness of the discharge, and consequent drain upon the system, he gained strength. During the twenty-one days following my first visit I saw Mr. S. daily, and dressed the parts with carded wool, saturated with chlorine water; and a strong solution of carbolic acid was injected into the incisions. Hemorrhage was of frequent occurrence, but was promptly checked by compression, and by injections of solution of persulphate of iron. The dressings were changed twice every day.

April 27. After the patient had partaken of nourishment, the nurse was hastily summoned to his bedside, and endeavored in vain to arrest the bleeding, which had started afresh. All attempts to check the hemorrhage proved useless, for in five minutes time the patient was a corpse.

On examination, I found a rupture of the axillary artery, and also discovered ulcerated patches in several portions of the axillary and brachial arteries.

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## Proceedings of Societies.

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### BRAINARD MEDICAL SOCIETY.

The Society met in the office of Drs. Washburn & Pattison, Star City, Indiana, July 6, 1871. Dr. James Thomas was chosen President, *pro tem*.

Members present—Glazebrook, J. Thomas, Cleland, Kettinger, Hoag, Washburn and Pattison.

The journal of last meeting read and approved.

Dr. W. H. Thompson and Mr. G. W. Thompson (medical student), were admitted to membership.

Dr. Cleland upon his arrival took the chair, and read his introductory address, which was ordered printed in the county papers.

Dr. Pattison read a paper on "Alcohol," arguing that it is not a stimulant.

Dr. Washburn read a paper on "Professional success."

Dr. Hoag reported an unusual and interesting case, which was diagnosed Bright's disease of the kidneys by several physicians. The *post mortem* revealed a genuine case of *phthisis*.

The question, "Are there any medicines which act specifically upon the liver, which stimulate that organ and increase its secretions?" was discussed at length by Drs. Hoag, Thomas, Cleland and Pattison in the affirmative, and Washburn and Glazebrook in the negative.

Drs. Glazebrook, Pattison and Hoag were appointed essayists for the next meeting. Adjourned to meet at Winamac, Ind., October 5, 1871.

I. B. WASHBURN, M. D., *Sec.*

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## Gleanings from Foreign Journals.

TRANSLATED BY DR. GUIDO BELL.

ELECTRICITY IN TIC DOLOREUX AND HEMICRANIA.—O. Berger reports twenty-five cases of tic doloureux treated with the galvanic current—the positive pole wet and applied to the affected parts, the negative on the knee or in the hand. But when the pain was only at one point, the headed electrode was employed. The current was moderate, lasting five to eight minutes daily. After ten to twenty sittings, twenty-two cases were cured.

In hemicrania this remedy is valueless. B. employs a palliative remedy, several drops of subnitrate of amyl-oxyd for inhaling.—*Berlin Klin. Wochensch.*

TREATMENT OF SMALLPOX PATIENTS.—Dr. Gross washes

the patient with soft soap, in a tepid bath when practicable, then he applies linen cloth, moistened with glycerine on the dry face, and when necessary cold dressings. This treatment is repeated daily; the local and general symptoms will soon disappear, and the infecting poison will probably be destroyed.—*Wien. Med. Wochensch.*

THE quinine treatment of variola was pursued in the following cases: A man near seventy years of age had high fever, took quinine in regular doses; variola-pustules disappeared within five or six days, leaving no scars. No remedy was used but quinine, because the patient had good appetite, slept well, and had pains only on the plantar surface of foot. Three weeks after, the grandchild of the patient was attacked, although she had left the house at the time when the disease became known. She took quinine in medium doses, the pustules became dry, but two days after the inflammation around them increased. Quinine allayed the fever. Two infants were attacked by the disease soon after. In all cases the fever was suppressed entirely. At the time other children in the neighborhood were sick with the chicken-pox, but it is probable, (1) that the disease in the cases cited was varioloid, because six weeks before a case of varioloid had been in the next house; (2,) that quinine has an excellent effect in the fever, and modifies the eruption.

In hysteria the ethereal tincture of valerian is recommended by Guellemie—twenty drops for inhaling.—*Gazz. Prov. Ven.*

DR. LETZERICH says that in diphtheria the vegetable parasites must be removed by local application of alum in powder, and from the blood by increased excretion of urine. He employs warm baths and warm poultices over the kidneys, and has found an immense quantity of the organisms in the urine. For internal use he recommends lime-water.—*Berlin Klin. Wochensch.*



SOME new experiments by Dr. Overbeck with unguent hydrarg. proves that the mercury is absorbed after inunction, and that the fatty acids of the rancid salve produce ozone oxydating mercury.—*Wien. Med. Halle.*

DR. LANGE recommends the extract of conium maculatum in perimetritis. Bromide of potassium and morphia had no effect in an old and severe case, and the extract was administered. Besides, the following solution was given: Iodide of potassium; bromide of potass. aa. 4 gr.; aqua destillat., 200 grammes; a tablespoonful four times a day.

DR. NERATTI mentions a bad case of croup cured after Weber's method, by inhaling lactic acid. A solution of fifteen drops in fifteen grammes (225 gr.) of water was used half-hourly twenty times. Favorable reports are made also from Munich.—*Bullet. de Sc. med. di Bologne.*

DR. SWIDERSKI employs ergot hypodermically in uterine disease. Forty favorable cases of metorrhagia and chronic inflammation of the womb are described. The formulæ are:

1. Ext. secale cornute, 1.5. Spirit vin. rect. et glycerine, 7.5 grammes.
2. Ext. secale, 2.0. Spirit vin. recti., 2.0. Glycerine, 10.0 grammes.
3. Ext. secale, 1.0. Spirit vin. recti., 2.5. Glycerine, 12.5 grammes.
4. Ext. secale, 1.0. Spirit vin. recti., 1. Aqua destill, 4.5. Glycerine, 3.0 grammes.—*Berlin Klin. Wæsch.*

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DR. G. V. WOOLEN, Secretary of the State Society, desires us to state that the transactions of the Society will be issued on or about the 7th inst. Those desiring copies, who have not paid their dues, should send them at once to him. The assessment is \$3.00 this year. The transactions promise to be unusually interesting this year.

## Editorial.

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WE see that the editors of the *American Practitioner* suggest a *Blackman testimonial fund*, and that contributions for this purpose be forwarded to Drs. M. B. Wright, E. B. Stevens and W. W. Dawson, of Cincinnati.

Dr. Blackman died poor and left his wife and children without adequate means of support, and it is therefore no more than just that the profession of the country, and especially of the West, should liberally aid this truly charitable enterprise.

THE article on "Burning fluids," in the May number of this Journal, we obtain from that valuable journal, "*The Boston Journal of Chemistry*," by a typographical error, it was credited to another. We now make the *amende honorable*.

"*The Cincinnati Medical Clinic* is the title of a neat little eight-page weekly, just started by Dr. James T. Whittaker, of the Medical College of Ohio. From what we know of the editors, we can but prophecy, and we certainly wish for them the best of success. In fact we do not see how anything but success could attend this undertaking. The *Clinic* will be published every Saturday. Price, \$2.00 per year.

ONE of the daily papers of this city, not long since, contained an editorial censuring the State Medical Society for a supposed attack upon the Indiana Surgical Institute. The editor was in error in regard to this matter, for as the regular profession do not in any way recognise the above-mentioned private institution, or any one connected with it, *agents to the contrary notwithstanding*, the affairs of the establishment named could not enter into the business of the State Association. The

allusions referred to were made only by one member, in a casual way, and he would not have mentioned the concern at all if he had supposed his remarks would have been converted into an advertisement for it.

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## Reviews.

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**BILLROTH'S SURGICAL PATHOLOGY.** Translated from the fourth German edition of C. E. Hackley, M. D., pp. 676, D. Appleton & Co., New York, 1871. For sale by Catheart & Cleland, and Bowen & Stewart, Indianapolis. Price, \$5.00.

This work is modestly announced as a text-book for students and physicians. It is in the form of fifty lectures on general surgical pathology and therapeutics, and is illustrated by one hundred and fifty-two excellent wood-cuts. Dr. Theodore Billroth's position, professor of surgery in Vienna, his known ability as a teacher, and his reputation as a diligent student and skillful operator, would lead us to expect a work of no small merit from his pen, and we have not been disappointed in the book Dr. Hackley has translated. For a neater book, and clearer exposition of what really are the principles of surgery, is nowhere to be found in the English language. While Dr. Billroth has made use of the labors of others, he has given a great portion of this book from his own great store of knowledge.

Dr. Hackley, in this translation, has erected in America a monument to the memory of the illustrious author, more enduring than columns of brass or blocks of marble. The author accepts the views of Cohnheim, and after detailing the various steps which lead to the discovery, asserts that "*we are driven to the supposition that all young cells which in inflammation we find abnormally in the tissue are wandering white blood cells.*"

Careful observers have recently verified the truth of

this discovery, and the consequence is that a revolution in surgical pathology is rapidly gaining ground, nowhere more manifest than in the work before us. This book, though undeniably an excellent guide in nearly all the elements of surgery, contains, like all human efforts, some errors and inaccuracies.

We see that Dr. Billroth considers that Van Heke's artificial system of ventilation, the best in use. In this, the walls of the building contain canals opening into the wards, and these canals communicate with cross-passages beneath the building. A wind-mill for feeding the canals is propelled by an engine in the basement.

Now, it will be seen that air is driven from below upward, and if the same air is forced from a lower to an upper ward, the germs of disease may be conveyed from one ward to another, as was the case in the Cincinnati hospital, where puerperal fever and peritonitis were caused in the upper or obstetrical ward, by air from a lower room where were patients afflicted with gangrene and erysipelas. It would seem more in accordance with the laws of ærology to have the wind-mill at the top of the building, the canals supplying the wards opening directly into the outer walls, and having the cross-passages above, thus causing a draught of pure air in each ward, and emptied by suction rather than by propulsion. At least one-half the patients with acute delirium tremens treated by Billroth, have died. May not the treatment, (two to six grains of opium every two hours until sleep is produced,) have contributed to the fatal issue? Besides, the author recommends in this disease, somewhat homœopathic treatment with "strong wine and cognac," reserving "strong grog" for chronic cases of delirium tremens.

On page 357 a peculiar nervous exaltation or mild delirium without fever, occurring after an injury or operation, is mentioned, and two cases are cited as having occurred in the Berlin clinic, in which, after



rhinoplastic operations, religious hallucinations were developed. One, a young woman, "sought by prayers and castigation, to atone for giving way to her vanity so far as to have a new nose made to replace the one lost by lupus." The Lord *knows* she was not to blame for wanting to be better looking; and if the new nose was no better than the results of some rhinoplastic operations we have seen, the girl had good reason to become insane or even to commit suicide.

"For the first treatment of the part poisoned by cadaveric matter, I advise you to let cold water run on the wound for a long time, and not to check the bleeding, if there be any," says Billroth. Cold is one of the most effective hæmostatics, say therapeutists. But then, you know, cold water may not have this effect in Vienna.

"Where the disease, (hydrophobia,) has broken out," has an awkward sound; and we are told that "where there is dread of water, some fluid may be introduced through a tube." What fluid may be introduced, and where? Into the mouth, nose, rectum or what? As a matter of course "the patients are *most comfortable* when *at absolute rest* in a darkened room." "Chronically," a word occurring in this and other books, is not to be found in Webster's unabridged dictionary. But these are matters of minor importance, and we have to say of this book, that, take it "all in all, and all in all," we recommend the profession to buy it, and give it careful study.

FIRST MEDICAL AND SURGICAL REPORT OF THE BOSTON CITY HOSPITAL. Edited by Drs. Nelson Barlow, physician, and David M. Cheever, surgeon.

This institution, the report of which is before us, was commenced in 1861, but seemed to have advanced slowly for some years in its work. In 1864, the number of patients admitted was four hundred and seventy-five.

In 1868, two thousand and seventy-eight. At the same date respectively, number of patients, 271 and 7,691.

The large volume of reports is full of valuable matter drawn from experience of all these years. Among the subjects considered we notice particularly, articles upon "Peri-nephritic abscess," by H. J. Bowditch; "Excision of joints," by D.W. Cheever; "Reproduction of tibia," "Peri-uterine inflammation." "Rheumatism, with the relative value of alkaline and other treatment."

The work is done by the firm of Little, Brown & Co., Boston, and both the execution and material reflect credit upon the parties engaged.

PHYSIA AND PHYSIOLOGY OF SPIRITUALISM, by W. A. Hammond, M. D.

This is a work that is needed in certain circles. If its teaching and suggestions were heeded, fewer absurd ideas would occupy the minds of the ignorant-learned. Somnambulism, the hypnotic state, levitation, hysteria, etc., etc., are considered, and phenomena of spiritualism explained upon the basis of unhealthy and abnormal action. D. Appleton & Co., New York, publishers. For sale by Bowen & Stewart, Indianapolis.

GALVANO-THERAPEUTICS. The physiological and therapeutical action of the galvanic current upon the acoustic, sympathetic, optic and pneumo-gastric nerves, by W. M. Neptel, M. D. Appleton & Co., New York, publishers.

The subject of galvano-therapeutics is exciting more attention within the last year or two, than at any period prior, at least among scientific physicians. A few years ago it was given over to quacks and pretenders, peripatetic physicians. Science has unraveled its actions so far as to enable us to use it with some degree of certainty. We believe it to be a powerful remedial agent; one which must be more fully understood and appreciated by the profession, within a very short time. The volume before us is an offering to help us on to the desired end. For

sale by Bowen & Stewart, Indianapolis. Appleton & Co., publishers, New York.

THE *Scientific American* August 19, has been received and contains, with other valuable matter, a very sensible editorial and communication on steam boiler explosions. They seem to concur in the opinion that the great danger so often hidden and mysterious, is to be found in the starting up of heat in water at rest. In accordance with the well-known principle that water deprived of air and at rest, can be heated up to 360° F. without boiling. The remedy recommended is to exercise by some means a constant circulation in the heated boiler. Munn & Co., editors, No. 21 Park Row, New York.

REPORT OF THE DELEGATES OF THE FULTON COUNTY MEDICAL SOCIETY, with the report of its Committee, also a history of the controversy between the old board of trustees and the faculty of the Atlanta Medical College, and the Fulton County Medical Society, to the time of its introduction into the Georgia Medical Association, etc., etc.

Those interested will please take notice. J. J. Toon, proprietor, Atlanta, Georgia.

NEW REMEDIES. A quarterly retrospect of therapeutics, pharmacy and allied subjects. Edited by H. C. Wood, M. D.

This seems to be a work of some value, containing a notice of many remedies, with extracts from journals, etc., explanatory of their uses, etc. W. Wood & Co., New York, publishers.

ARTIFICIAL INDICATIONS OF LABOR IN WOMEN, by Samuel C. Busey, M. D., Washington, D. C.

THE PHYSIOLOGICAL VIRTUE AND THERAPEUTICAL USES OF CHLORAL, by J. B. Andrews, M. D., New York.

REPORT OF AMERICAN JOURNAL OF INSANITY, July, 1871.

A REVIEW OF DARWIN'S THEORY OF THE ORIGIN AND DEVELOPMENT OF MAN, By James B. Hunter, M. D. Reprint from Journal of Physiological Medicine, July, 1871. D. Appleton & Co., New York, publishers.

THE REJECTED ADDRESS. Man's true relation to nature, his origin, character and destiny. By T. P. Wilson, M. D., Cleveland, Ohio, editor Ohio Medical and Surgical Reporter. T. H. Witte, publisher, No. 17, Public Square.

PROCEEDINGS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF OHIO, Dayton, Ohio, May 10 and 11, 1870.

PLASTICS AND ORTHOPÆDICS. A report republished from the transactions of the Illinois State Medical Society, for 1871. By David Prince, M. D., pp. 56.

This report, containing thirty-two well executed illustrations, with the former two reports, by Dr. Prince, are for sale by Lindsay & Blakiston, Philadelphia.

SYPHILITIC EPILEPSY, by Reuben A. Vance, M. D., pp. 15.

An article of merit republished from the *American Journal of Syphilography and Dermatology*, July, 1871. F. W. Christern, publisher, No. 77 University Place, New York.

ANÆSTHETICS. By E. R. Squibb, M. D., New York, pp. 30, 1871.

Whatever Dr. Squibb may write will be well received by the profession.

Annual announcement of the following medical colleges have been received :

Kansas City College of Physicians and Surgeons.

Women's Hospital Medical College, Chicago, Ill.

Starling Medical College.

Medical College of Evansville.

Medical department of the University of Pennsylvania.

Medical department of the Iowa State University.

Miami Medical College.

Jefferson Medical College.

Pennsylvania College of Dental Surgery.

Medical College of Ohio.



## Miscellaneous.

OBSERVATIONS ON THE STRUCTURE AND HABITAT OF THE *STEPHANURUS DENTATUS* *Diesing*, OR *SCLEROSTOMA PINGUICOLA* *Verrill*.—BY Wm. B. Fletcher, M. D., of Indianapolis. This parasite, well known throughout the west as the “kidney worm,” was first discovered, as I am informed, by Nattser, at Barra De Rio Negro in the white China hog. Although so common and injurious in this country, it had not received attention until 1870, when Prof. Verrill, from imperfect specimens, gave it a name and suggested its importance to the agricultural world.\*

This worm was brought to me in 1866, by a farmer whose hogs were dying of cholera. He had removed the lungs of several, and also cut out fragments of the liver, all of which were spotted over with little cysts containing the worms; in the bronchial tubes down to the minutest branches, they were found in abundance and in situations where no one could have placed them.

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\*Subsequent to the publication of my descriptions of this species in the Report of the Connecticut Board of Agriculture for 1870, and this Journal, vol. 1. p. 223, I found a notice, apparently of the same worm by Dr. J. C. White, in the Proceedings of the Boston Society of Natural History, vol. vi, p. 428, Dec., 1858. Dr. White referred it doubtfully to *Stephanurus dentatus* Dies. or *Sclerostomum dentatum* Rud. (an identification that is still quite doubtful) and gave an account of its occurrence in cysts in the leaf-lard of a hog, a male and female together.

Dr. Cobbold, from information received through Dr. Fletcher, has recently published a short account of this parasite, under the same name, in the British Medical Journal (see also Nature, Jan. 26, 1871.)

During the past winter I have known of several additional cases in New England. In one instance I obtained a number of fine specimens from a portion of the leaf-lard, taken from a hog raised in Litchfield county, in this State. They occupied large irregular cavities or cysts, sometimes over an inch long and partially filled with dark, disagreeable pus, in which there were numerous eggs. The cysts usually contained a male and female worm, but some contained three and others only one.—A. E. V.

NOTE.—Foot-notes are by Prof. A. E. Verrill, of Yale College.—[Eds.]

With these specimens my conclusion was that they were the *Filaria Bronchialis* of Owen, or *Strongylus Bronchialis* of Cobbold, and not having at this time made microscopic examination of our well known kidney worm, the relationship between them did not occur to me at that time.

In November, 1870, while demonstrating the portal circulation in the liver of a pig, full grown, I observed a worm which measured an inch and a half in length, and in all respects resembled the kidney worm, and also reminded me of the worms I had examined five years before. Upon further dissection of the liver I found the worms not only free in the portal veins, but in cysts in various portions of the organ; also some were found in freshly cut holes, directly across the hepatic lobules. The gall-bladder was distended with a dirty, yellowish fluid, the consistency of soft boiled eggs, and although no worms were found, yet the ova were abundant, as they also were in the fluid of the cysts.

Being convinced that the worm formerly examined in the lungs was the same as the worm now found in this new locality, and finding it oviparous, I gave up my opinion as to its being *Filaria Bronchialis*.

From the date of this discovery, I frequented the slaughter houses and pork-packing establishments, and found the worm in most instances in the pelvis of the kidney, or in cysts in the fat around them. Four times I have found the worm in the bronchial tubes, twice in the hepatic vein and in the right side of the heart; also in cysts throughout the fatty parts of the animal.

Frequently, when no worms were discovered, the eggs were abundant in the thick mucous-looking fluid in the pelvis of the kidney. This fluid contained, besides eggs, desquamated renal tubules, or casts and oily granules.

In no instance have I found worms in an immature state, which shows that the eggs, in all probability, go

through some other host before they enter the swine, to become sexually mature.\*

The symptoms in hogs, which are referred to the "kidney worm," are due to a paralysis of motion in the hind legs; the hog drags the hind quarters along the ground from place to place in search of his food, although it is by no means proven that the worm is the real cause, unless we be able to demonstrate its existence in some cerebro-spinal center, or some point more likely to destroy the reflex power in the cord itself.

*Structure.*—The head and oral cavity are alike in male and female. The oral cavity is rather oval than round, and is surrounded by a hexagonal frame, each corner having a papilla and hooklet, while each side is armed with six serrate teeth.

Looking into the oral cavity, it is seen to be funnel-shaped, having three openings at the back, one of which connects directly with the œsophagus, while the others appear to connect with the water vessels.

The intestine is long and contains some pigment granules, arranged in dendritic forms, throughout its length; the whole is thrown into convolutions, and give an almost black appearance to the worm, except when the white oviducts distended with eggs, or the seminal vessels of the male are folded over the intestine, when it has a white, mottled appearance.

The caudal extremity of the female is spindle-shaped, but has two little bursæ higher up. In the male it is formed by three-lobed bursæ, above which are two well developed flexible spicula.—*Amer. Jour. of Sci. and Art.*

COD-LIVER OIL.—Dr. J. M. Winn, senior physician to St. George's and St. James' Dispensary, says in the *British Medical Journal*:—

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\* It is quite as probable that they may hatch in water, and thus enter the hog's stomach with its drink.—V.

“The following example is a remarkable illustration of the value of cod-liver oil in a case that appeared, at first sight, an unpromising one for its use.

“A child, six years and a half old, was brought to me dreadfully disfigured by an eruption of eczema impetiginodes over the forehead, nose, lips, and left cheek. She was one of the largest and most robust looking children I ever saw, and her muscles were firm and well developed. She was the daughter of Jewish parents; and I was informed that her brothers and sisters were all on the same large scale. Attributing the disease in a great measure to a plethoric condition, I prescribed aperients and alkalies; and as she was in the habit of eating very heartily of animal food, I reduced her allowance of meat. After continuing this plan for a fortnight, there was no amendment; I then changed the treatment, and ordered one tea-spoonful of cod-liver oil three times a day. The effect was immediate, and in about a fortnight the eruption had disappeared, and the child was quite well in every respect.

“A case which I am now attending will serve to show that all the beneficial effects of cod-liver oil may be produced by the use of very small quantities, even on full-grown persons of very large proportions. The patient is an ex-Life-Guardsman, above six feet in height, suffering from tubercular disease. He appeared to be in a sinking state, but has now rallied far beyond my expectation from the use only of one drachm of the oil three times a day.

“From these and similar instances of constant occurrence, I infer that cod-liver oil does not act as a mere article of food; neither is it a simple tonic, like iron or gentian; but that it has a specific virtue of its own—in short, I would suggest that cod-liver oil is to hereditary affections what quinine is to zymotic disease.”—*Boston Journal of Chemistry.*



A CASE OF POISONING BY OPIUM—TREATED BY HYPODERMIC INJECTIONS OF SULPHATE OF ATROPIA. BY J. L. Carter, M. D., of Jackson, Miss. I was asked, January 31, 1871, to attend Mr.—, æt. 27, who had attempted suicide about two hours previously,—first by taking laudanum, and afterwards by shooting himself. The ball struck the fourth rib on the left side, and was deflected by it, so that no serious injury resulted. The quantity of laudanum taken was ascertained to be about a fluid ounce. When I entered his room I found him crying and regretting that the wound was not fatal. The respiration was slightly disturbed, the pupils were contracted, and there was some drowsiness. Soon after my arrival Dr. Harrington came in, and we at once proceeded to administer twenty-five grains of sulphate of zinc. No effect being produced by it, we had recourse to the stomach-pump, with which we washed out the stomach four times, distending to its full capacity each time. The liquid obtained in this way did not smell of laudanum, and there was therefore reason to fear that the whole quantity had been absorbed. We then determined to try the antidotal powers of belladonna, and with this object injected at six o'clock, hypodermically, one thirtieth of a grain of sulphate of atropia, dissolved in a few drops water. At this time the drowsiness had very much increased, and it was necessary to force the patient to walk up and down the room, to whip him with switches, and to apply the douche of cold water to his face, in order to keep him awake. At 2 P. M. the atropia was again administered in the same way and in the same dose. At this time the pupils began to dilate. Electricity from a horse-shoe battery produced but very little effect, and it was found impossible to prevent him from falling to sleep. At 2½ P. M. I injected one sixtieth of a grain. This did not prevent the supervention of profound coma and absolutely insensibility to all external irritants, during the continuance of which the patient was vigorously

rubbed. Injections of one thirtieth of a grain were made at 3, 4, 5, 6, 7, 8, 9, 10, and 11 p. m.; so that in all eleven injections of the thirtieth of a grain and one of the sixtieth were given. After the fourth injection the face was observed to be suffused, the pulse to be 140, but of good volume, and the respirations only between four and five in the minute. After the fifth injection the pupils began to dilate, and after the sixth they were dilated to their full extent. The pulse sank to 125, and the respirations became a little more frequent. The sensibility of the surface returned after the eighth injection, and at ten o'clock the patient manifested, for the first time, some signs of pain at the use of the hypodermic syringe. After the injection given at eleven o'clock the countenance became more natural, and the pulse and respiration were nearly normal. At five o'clock next morning he was able to converse with his friends, and three hours later he could walk about his room. The next day recovery was complete.—*The Medical Times*.

SOLUTION OF SANTONINE.—BY John Harley, M. D. The insolubility of this vermifuge impairs its utility. Cold or warm water takes up the merest trace. Chloroform, absolute alcohol, the strongest acetic acid, turpentine, hot olive oil, and hot glycerine, are the only simple fluids that dissolve any appreciable quantity. On cooling, it separates from the oil and glycerine; and the addition of water to the other solvents produces the same result.

It is obvious, therefore, that none of these solvents are adapted for the use of Santonine as a medicinal agent. A wish to determine the effect of Santonine in parasitic disease of the bladder led me, after a good deal of trouble, to find that I could form a suitable stronger solution than was needed for my purpose by means of carbonate of soda.

I may formularize my results thus :—

R   Santonini, in pulvere, gr. xij.  
     Sodæ bicarbonatis, gr. xx.  
     Aquæ destillatæ, ℥iiij.

Put the soda and water into a flask, keep the fluid near the boiling point, adding, as it disappears, about two grains of the Santonine at a time, until the whole is dissolved. Solution is effected in about half an hour, during which time the water is reduced by boiling to ℥ij. If need be, reduce by boiling to this bulk, when ℥j will contain a full dose—six grains of Santonine. If an alkaline reaction be objectionable, neutralize with acetic acid.  
—*Amer. Jour. of Phar.*

MENSTRUATION FROM INFANCY.—Dr. Ashton of Suffolk, England, says in the *Lancet*, “L. J. M., aged seven years, a fine healthy girl, well developed and of ruddy complexion, has been under my care for the last year. Her mother states that she noticed a discharge two weeks after birth, red in color and small in quantity. This recurred, sometimes every month, sometimes at intervals of two or three months, until the child was four years old. Since then the discharges have been quite regular, of good color and of sufficient quantity to soil one diaper. It is accompanied with pain in the back and loins, and enlargement of the breasts. On examination, nothing abnormal can be discovered about the genital organs. Her mother first menstruated when nine years of age, and has been regular ever since. Her mother’s aunt was seven; she continued regular until the climacteric period.—*The Medical Archives.*”

OPIUM IN THE TREATMENT OF DYSMENORRHŒA.—Dr. Wm. Goodell states (April 15, 1871) that most of the forms of dysmenorrhœa are relieved during the attack by morphia, given either by the mouth or hypodermically. This could be explained by the threefold action of opium, for

it is the best of narcotics, the most efficient relaxant of a rigid cervix, and an excito-motor of uterine muscular fibre—properties which meet many of the indications in dysmenorrhœa. In the congestive variety, in which the womb throbs like a headache, found usually in fat and plethoric women, chloral with hip-baths answered far better during the attack; but in the intervals the iodide of potassium, saline cathartics, and scarifications of the cervix are of great advantage. On the other hand, the effects of full doses of morphia are peculiarly happy in those nervous and neuralgic varieties of dysmenorrhœa so often met with in pale, thin, tall, and hysterical girls. The menstrual fluid accumulates in the cavity from a spasmodic closure of the internal os uteri, and escapes in gushes at such times alone as the expulsive pains overcome the resistance of such constriction. Opium is here the remedy *par excellence*, for it not only lulls the pain, but also takes away the cause of this pain by softening and relaxing the rigid cervix.—*The Medical News and Library.*

RUPTURE OF THE LIVER WITHOUT EXTERNAL EVIDENCE OF VIOLENCE.—Dr. T. F. Dudley records (*The Medical Archives*,) the following case:—

W. B., of this city, aged 28, of good physical and muscular development, was attempting, on Feb. 9th, to “couple” two railroad cars, when the coupling bar (fastened at one end) not being so guided as to make proper connection with the approaching car, was driven round with considerable force and struck him across the upper part of the abdomen, causing intense and continued pain. Good medical and surgical attendance was procured, but nothing could be done further than to partially allay his excruciating pain with anodynes, and he died on the 11th.

Upon post-mortem examination there was found no evidence of any bruise, nor even a scratch or abrasion upon the surface, but an abdominal section revealed a



large amount of blood poured out in the abdominal cavity, from a rupture of the right lobe of the liver about two inches in length. No other organ was found to be injured.

TO PREVENT SYRUPS FROM CRYSTALLIZING.—In reply to complaints that syrups made in the ordinary way, (especially Syr. Scillæ Comp. and Syr. Senegæ) soon begin to crystallize, a correspondent of the *Druggists' Circular* recommends making them by the cold way, or by percolation. As a general rule he gives the following: "Take two (2) parts of sugar to one of menstruum (or water, if simple syrup is prepared;) introduce the sugar into a percolator, into the neck of which previously has been introduced a piece of lint or sponge, and then gradually pour on the liquid so as to cause the percolate, (syrup,) to pass, drop by drop. If the liquid (syrup) pass too rapidly, the neck of the percolator should be obstructed by means of cork, until the requisite slowness has been obtained. (See U. S. Dispensatory article, *Percolation*.) Syrup made thus will keep for many years, and will *neither crystallize nor ferment*.

"In many syrups heat injures the medicinal property of the drug, and often the syrup is not as clear as it should be. It frequently requires purification with carbon animalis or albumen, while by percolation, (if properly conducted,) the syrup will be always pure, clear, and better could not be desired.

CASTOR OIL.—A correspondent suggests that this article of the Pharmacopœia may easily be made palatable by the employment of glycerine as an excipient; in fact the dose will be found ~~to be~~ "sweet as honey" and devoid of any unpleasant taste:—

R. Glycerine (puriss.)  
Ol. ricini, aa. ʒij.;  
Ol. cinnamomi, fʒ i.

M.

The ol. cinnam. should be rubbed up with the glycerine, and the ol. ricini then added, the whole well mixed by being shaken, when used. In larger doses, lessen the proportion of the glycerine.—*The Boston Medical and Surgical Journal*.

COD-LIVER OIL IN ECZEMA.—A highly respectable gentleman residing in Charlestown, Mass., writes as follows regarding the use of Cod-Liver Oil in this affection:—

“I have reason to be deeply grateful for the valuable information with which your Journal abounds. My child, twenty-two months old, has been afflicted with eczema for nineteen months. During that time it has received the attention of several skillful physicians, all of whom have pronounced it an uncommonly obstinate case. At the time I read the article on “Cod-Liver Oil,” in the May number of your Journal, the child appeared worse than at any previous time. Its entire body was covered with the eruption. I suggested the use of the oil, dropping other treatment, and the child is now nearly well. Scarcely a trace of the disease remains. This has been accomplished during dentition.—*Boston Journal of Chemistry*.

ABORTIVE TREATMENT OF FELONS.—One of the most painful afflictions from which any one can suffer is a felon or whitlow; and as I have great success in the treatment of these distressing forms of disease, I will, with your permission, give your readers an idea of the method adopted.

It is well known by physicians that pressure causes absorption, and in view of this fact, ten years ago I adopted the plan of applying several coatings of collodion over the finger or place where the pain is felt on its first appearance. On drying, the collodion contracts with an even pressure, and if kept on for twenty-four hours the symptoms will usually entirely disappear.

Of late I have been in the habit of soaking the affected part in quite a strong solution of carbolic acid for a few minutes before applying the collodion.

The pain for some hours will be quite severe, but an anodyne will afford relief.—*Boston Journal of Chemistry*.

BELLADONNA IN TYPHOID FEVER.—Dr. Lewis S. Pilcher, Passed Asst. Surgeon U. S. N. (*Mich. Univ. Med. Jour.*), having been attracted by the positive and warm terms in which the effects of belladonna, given in typhoid fever, are stated by Dr. B. Kelly, of Dublin, finds that under its influence, within from 24 to 48 hours after the first administration of the drug, delirium, coma and subsultus quickly vanish, and are succeeded by calmness and clearness of the intellect, by natural sleep and complete control of all the voluntary muscles. Diarrhœa is checked, and healthy, consistent evacuations are established.

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## Chemical and Scientific.

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A DISINFECTING SOLUTION.—Dr. Frank Wells, Cleveland, Ohio (*Boston Medical and Surg. Journal*), Master of Obstetrics, of the University of Vienna, gives the following formula for a disinfecting solution, used by all students and surgeons in the Vienna Hospital, who have examined any patient with a doubtful vaginal discharge:

R. Potass. hypermang., ʒ ss; aquæ destillat., ℥ ij. M. The following solution is required to remove the stains of potash:—R Acidi muriatici, ʒ vj.; aquæ destillatæ, ℥ ss. xiv. M.

TO REMOVE NITRATE OF SILVER STAINS FROM CLOTH.—Nitrate of silver stains are most effectually removed from white cotton or linen cloth, by applying to it a dilute solution of permanganate of potash and hydrochloric acid

which is to be followed by washing with hypophosphite of soda and plain water. This process renders the use of the highly poisonous cyanide of potassium unnecessary.—*Jour. of Applied Chemistry.*

THE ESTIMATION OF SUGAR IN DIABETIC URINE.—Dr. Meymott Tidy, of London (*Med. Press and Circ.*), proposes, for estimating sugar, Vogel's method: A potash solution, containing one grain of potash to every septem (7 gr.) of water, having been made, take ten septems of the urine, add ten septems of the solution; boil for one minute, dilute with distilled water in a 4-oz. vial, similar to those used for the test solutions, and then compare with the test solutions labelled as containing known quantities, until the exact tint is found. The small quantity of urine employed does not color the water so as to interfere with the test. If any precipitate is produced by boiling, it must be filtered. If the tint is more than that indicated by a two-grain standard bottle, it must be halved and diluted.

Dr. Tidy proposes to get rid of the trouble of the standard solutions by using gelatine colored of different tints as standards for comparison.

SULPHATE OF IRON always gives more or less trouble in the formation of pill masses with the usual excipients. In many cases a little glycerin will probably be found superior to any other, as is the case with the following prescription, which will give a crumby, unsatisfactory mass with syrup, honey and mucilage, but is unobjectionable when glycerin is employed:

R. Ext. nucis vom., gr. x; Ferri sulphat., gr. xx; Quiniæ sulphat., ʒij; Glycerin, gtt. v-vi. M. ft. pilul., No. 20.—*Am. Jour. of Phar.*



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### INSANITY AS MET WITH IN GENERAL PRACTICE.

BY W. H. BELL, M. D., LOGANSPORT, IND.

It is not my purpose to enter into anything like an extended discussion of the pathology, ætiology, and symptomatology of insanity—such an undertaking can not be contained within the compass of anything short of a systematic treatise on the subject—much less of a short article, such as I now venture to offer. It is my intention merely to allude to some of the phases in which this complex and mysterious disease presents itself to the general practitioner, and to describe in a few words, the resources he has at hand with which to cope and if possible subdue the disorder. The fact that insanity being in many respects a mysterious disease, shrouded in its approach, as it were, in a cloud of darkness, often disappearing in as remarkable manner as that which attended its onset—the fact that it has often existed when all the other bodily functions were apparently in a normal condition—and more than all, the establishment of hospitals for the treatment of the insane—have for a long time past

caused the profession at large to look upon mental disease, as one, in a measure, beyond the pale of their professional sphere, and consequently they have paid far less attention to its study than the frequency of its occurrence and its importance demands.

It is an undeniable fact, that too many of our professional brethren, as soon as a case of mental derangement develops itself, content themselves with the administration of some soothing remedy, and in the event of its failure, feeling satisfied with their effort, leave the disease to pursue its own course. And again, application for admission into an asylum having been made, the five or ten days intervening between the application and the admission, days of inestimable value, as regards the treatment of the patient, are lost in doing nothing, or next to nothing. I feel fully convinced that many of our chronic insane, a class from which there are very few recoveries indeed, might have been cured, could they have received prompt and efficient treatment in the first stage of their disease.

The following definition of insanity, is given by Dr. Maudsley, "A morbid derangement, generally chronic, of the supreme cerebral centres, the gray matter of the convolutions or the intellection commune,—giving rise to perverted feeling, defective or erroneous ideation, and discordant conduct; conjointly or separately, and more or less incapacitating the individual for his due social relations." Dr. Gilman, of New York, thus defines insanity: "It is a disease of the brain, by which the freedom of the will is impaired." This definition, as Dr. Hammond remarks, "has the advantage of being short, and of being to the point." The following are the varieties of insanity as enumerated by Dr. Skae, of Edinburg: "Epileptic Mania; Mania of Masturbation; Mania of Pubescence; Satyriasis; Nymphomania; Hysterical Mania; Amenorrhœal Mania; Sexual

Mania; Mania of Pregnancy; Mania of Lactation; Mania of Child bearing; Climacteric Mania; Ovario Mania; Senile Mania; Metastatic Mania; Traumatic Mania; Sunstroke Mania; Syphilitic Mania; Delirium Tremens Dipsomania; General paralysis of Insane; Idiopathic Mania; Melancholia and Dementia. The above division has the merit above all others in that, it suggests the pathological condition existing in the individual, as well as pointing out the origin of the mental affection.

It will suit my purpose, however, to draw attention to the two general classes, viz: Mania and Melancholia, the former attended with exaltation of the mind, the latter with depression;—Dementia will receive no notice. The onset of Mania is usually slow and obscure; the nearest friend of the patient failing at first to observe its approach; gradually, however, in word and in act a change is observed—he grows suspicious of the different members of his family—he is silent and gloomy, and seems as if struggling with some internal emotion,—his mind not as yet giving assent to the many morbid impressions it receives,—a little later his altered manner attracts more attention. The absurdity of his acts is more conspicuous, and he takes less trouble in concealing them; this state lasts a day or two, sometimes even a week; and finally his reason gives way to every wild thought that may present itself. Dr. Maudsley draws two groups of cases, “the first including all those cases of acute mania or maniacal fury, in which the madness is mainly manifest in the actions of the patient, who sings, dances, declaims, runs about, pulls off his clothes, and in all ways acts most extravagantly.” This condition corresponds to what the physician will meet with when first called to see a case of acute mania. Dr. Maudsley’s second group does not so much concern the general practitioner, it includes “those more chronic cases, in which the derangement is expressed in the ideas, is systematized in definite delusions—in which

therefore the morbid action has taken deeper hold of the individual."

The physician will be struck with the harshness that the maniac uses toward other members of the family, that formerly were objects of the most tendersolicitude. The husband's suspicions concerning his wife, or the wife's suspicions of her husband. He will note that he is prone to wander from home in quest of some fancied object, "his actions become restless, extravagant, and turbulent, and all the while he thinks himself wonderfully well, and scorns the suggestion of medical aid."

As the disease progresses, delusion and hallucination assume a more shaped form. He is an exalted personage, his children have the appearance of demons. The end of the world is at hand, or may be actually in flames,—strange sounds are occasionally heard, such as whisperings in the air, or sounds deep in the earth,—this last symptom however is more frequently met with in melancholia. The individual may be very destructive or quite harmless, the feeling that he is master of the situation, often leads him to the performance of acts that he would never dream of in an asylum. The physical condition in the earlier stages of mania, is not actually far removed from its normal condition; the tongue may be coated, the appetite good, the bowels may be regular, later these several functions become more deranged—loss of sleep is very frequently a marked symptom. Sometimes in the earlier stage of mania there is diarrhœa that resists all treatment, and this is more distressing from the fact that the individual is utterly careless about voiding his stools, and unless attended with the greatest diligence, soon becomes exceedingly filthy.

I have often noticed an odd tendency for the hair to stand erect, as if electrified, in the commencing stage of mania, which gradually subsided as the patient recovered from the attack. The hair in these cases was always very dry and harsh.



Melancholia is a condition quite opposite in its manifestations from mania. It is slow and disguised in its approach, and is characterized by great mental depression—as an after result, there is impairment in the action of the several functions, especially of nutrition, consequently the features soon become thin and meagre—the expression is that of sadness, varying in intensity. The individual moans, and pitifully deplores the wretchedness of his condition,—he may have committed the unpardonable sin, or have been the cause of the ruin of all his friends—he sees strange images, and hears unnatural sounds, that urge him on to the commission of absurd acts. There is torpor of the bowels, tongue coated and dry, and often deeply fissured, the appetite for food is destroyed, and in the place of it, sometimes there is a desire for pieces of plaster, earth, and other nauseous substances. The urinary secretion is small in quantity and high colored. Melancholia may manifest itself in every degree, from the loudest lamentations, to the quiet and suppressed brooding of the depressed in spirit; and the physician should watch the latter condition closely, for it often happens that, when least expected, a determined suicidal tendency is developed, and unless early detected and checked, may lead the unhappy victim to an untimely and violent death. While the suicidal tendency remains, it will be well to watch the movements of the patient, without, however, exciting his suspicions that he is watched.

In a great number of cases of both melancholia and mania, no morbid change in the minute anatomy of the brain can be detected by the eye,—and at one time the belief was widely held that insanity might exist without structural change existing in the brain or its centres. Dr. H. R. Storer, of Boston, in his work on the “*Reflex Insanity in Women*,” there repeats an idea long ago advanced by Esquirol, “that the lesions, which are frequently met with among the insane, to which any value can be

attached, are only met with in cases in which the insanity has been complicated with paralyses." And in another place he speaks of a conclusion arrived at by the late Dr. Bell, of the McLean asylum, "that autopsies of the insane generally present no material lesion of the brain." Dr. Maudsley speaks of intense hyperæmia existing in cerebral matter; "great injection of the pia-mater and more or less discoloration and softening of the cortical layers," and he believes that in those cases where no structural lesion can be detected, there nevertheless exists a changed condition in the nerve cells and tubules, that hinder the formation and conduction of healthy nerve force,—Dr. Blandford inclines to the same belief. As unlike as are the symptoms of mania and melancholia; still after death, there is found no single mark to distinguish the one from the other—this is a remarkable fact, and difficult to explain.

Some observers have sought in the blood, a solution of the problem of diseased mental action, and there can be but little doubt that poisons, either originating in the circulating fluid, or received into it from without, often exert a great influence upon the functions of the brain. Thus the poison of fevers, typhus for instance, may be received into the blood in such intensity as to speedily cause death, the nerve vitality being completely destroyed by the virus. The delirium of fevers is an example of this same poison acting with less force. Disease of the kidney is sometimes followed by coma and convulsions—a result of uræmic poisoning. The elements of bile retained in the blood frequently cause intense melancholy. We have all observed how great a change alcoholic intoxication makes in the central functions, often inducing a state not unlike insanity itself. Reflex irritation from some distant organ is a frequent cause of insanity; especially in women does this fact obtain, as relating to uterine disease.

Among the predisposing causes may be mentioned,

period of life, sex, condition of life, religion, the form of government, hereditary tendancy, education, climate, habits of the individual, all of which either in a greater or lesser degree, have their influence in the production of the disease.

TREATMENT.—The physician having divested himself of the idea that he has an intangible disease before him, will soon find that having discovered the exciting cause of the affection, it will yield to his well directed treatment as readily as a case of pneumonia, pericarditis, or peritonitis. The treatment naturally divides itself into two parts, firstly, the judicious and faithful administration of food, and secondly, the administration of such remedies as the case may require.

Before, however, I enter into a consideration of these, I would wish to impress the fact, that much, as regards the success or failure of his treatment, depends on the deportment of the physician towards his patient. He must not forget that he has one full of fears and suspicious to deal with; one who is already imputing the basest designs to his dearest friends—designs, perhaps, to poison him, or destroy his life by some other subtle means. It must be his first great endeavor to obtain the full confidence of his patient, failing in this, he had better at once give the case into the hands of some other physician more fortunate in possessing the art of ingratiating himself. His manner should be kind, but free from levity. He should be firm in his purpose, without being harsh. None more quickly recognize, and at the same time are influenced by decision of character than the insane. At the same time none are more expert in detecting and taking advantage of a wavering and hesitating course of action.

Those laboring under maniacal excitement do not as frequently, nor as obstinately refuse food, as do the subjects of melancholia. In the former class, when it becomes necessary to resort to forcible feeding, it is found

that resistance is not so determined, and usually the obstinancy is soon overcome.

The administration of food and medicine should be intrusted to one who will faithfully carry out directions, and who has the confidence of the patient. The medical attendant himself should be present as often as circumstances will admit.

A man who obstinately refuses nourishment, will sometimes be induced to take it by some lady of his acquaintance. And *vice versa*.

But in some cases it will be necessary to resort to a degree of force in feeding a patient. No firm and determined physician should allow days to pass, in the vain hope that eventually hunger will conquer; it too often happens that the longer abstinence from food exists, the less is the desire for it, and consequently the greater the resistance to its administration. In the act of feeding there should be no hurry, noise, or excitement; the individual having been placed upon a sofa or bed, and retained there securely by a couple of assistants, while a third steadies his head, a strong spoon should then be introduced into his mouth, without injuring his teeth, and the tongue depressed by the spoon, this will most effectually keep open his mouth, beef-tea, milk, egg-nog, or some other form of liquid nourishment is then administered; his nose should be closed if he attempts to eject the food until it has passed into the stomach, after which a short interval should be allowed for respiration; the amount given at each time should be about two tablespoonfuls. The above process of feeding should be performed twice daily, and generally, soon causes the patient to take nourishment without being forced to do so. Occasionally, however, a case is met with where the liquid is drawn into the trachea in large quantities; when this happens, the spoon should be discarded and some other plan tried.

I have had much success in the use of a small gutta-



percha funnel, carefully inserted into one of the nostrils, by means of which beef-tea and milk was fed through the nose. It is impossible to spit the fluid out when given in this way, because as soon as it touches the back part of the pharynx, the act of deglutition is excited, and the fluid is immediately swallowed. By this plan there is less danger of passing the liquid into the trachea. An interval for respiration must be given as well in this as in the former method. A plan of passing a small elastic tube through the nostril down the œsophagus into the stomach, is highly recommended, but I can see no advantage in it over the tube of the stomach-pump introduced through the mouth. The amount of food given at each feeding should be from half a pint to a pint and a half, according to the digestive powers possessed by the patient.

TREATMENT. Dr. Maudsley in his article on insanity, contributed to the second volume of Reynold's system of medicine, thus remarks, "A truly scientific treatment, will be grounded on the removal of those bodily conditions, which may appear to have acted as causes of the disease, and on the general improvement of nutrition." Dr. Bucknill says, "insanity is not confined to the brain, and when it is confirmed, a man becomes a lunatic to his finger ends."

In the treatment of acute mania, it is of the utmost importance to allay excitement, and induce sleep as quickly as possible. As the causes of the excitement are numerous, it follows as a result that the methods to be pursued in subduing it will be various. In a small class of cases characterized by enlarged pupil, moist tongue, and diarrhœa, the extreme excitement is allayed by the hypodermic injection of morphia, the acetate being the best form. A calm shortly succeeds the injection, followed by refreshing sleep, and the patient usually wakes up free from excitement, and if kept for a day or two under the influence of morphia, often proceeds to a

complete convalescence. Should, however, the sleep be of short duration, and the patient become wakeful and restless, and the tongue dry and brown, the morphia should be discontinued, as it is then only productive of evil. Chloral, or the bromide of potassium with the tr. cannabis indica, should then be tried.

There is another form of acute mania attended with extreme excitement, foul breath, loaded tongue, teeth incrustated with sordes, bowels constipated, urinary secretion diminished, that is greatly relieved at the outset by a brisk cathartic, succeeded by something like the following R. Sodae bromide  $\mathfrak{zvi}$ , ext. hyoseyami fl.  $\mathfrak{ziv}$ , infus digitalis ad.  $\mathfrak{ziv}$ , give a tablespoonful every two or three hours, until sleep is produced, or until six or seven doses have been given; the action of the pulse should be closely watched, and the digitalis regulated as the case may require. I have also seen good effects from the following R. Potas bromidi  $\mathfrak{zviii}$ , tr. cannabis indica  $\mathfrak{zv}$ , aquæ menth. pip. add  $\mathfrak{ziv}$ , a tablespoonful every two or three hours until the patient sleeps. After the production of sleep either of the above should be given three times a day and in smaller doses.

Dr. William Hammond speaks highly of the bromide of lithium in drachm doses. He is inclined to think the drug decreases the amount of blood in the brain, thus relieving the congested condition that almost always prevails. I think the bromides of sodium and potassium act in the same way. During convalescence some tonic is required, such as the syrup of the phosphate iron, quinine and strychnia, or as Dr. Hammond observes, the diluted phosphoric acid in half drachm doses, given in water after meals, is a most excellent tonic.

There is another class of cases to be met with in the earlier stages of acute mania, where the hydrate of chloral is of inestimable value. The leading features of this class are briefly these :

The pulse may not range over ninety, the brain shows

nothing that would indicate a congested condition, the bowels may be regular or nearly so, the renal and cutaneous functions nearly normal, the appetite good, but no sleep obtained; the patient is noisy at times, and then composed, is inclined to be destructive, especially to articles of clothing; is extremely filthy and obscene, and the subject of delusions and hallucinations. If after a moderate cathartic action has been obtained in an individual of this class, a sixty grain dose of the chloral be administered in a glass of ale, or with a little brandy and water, refreshing sleep is at once obtained, and it often happens the patient awakes, if the chloral be given early enough, in the possession of a sane mind. Quiet and nourishment should be enjoined, and the chloral be given every three hours in ten grain doses; when time comes for sleep again, give thirty or forty grains, and the result will be quiet slumber. This plan properly followed out often promptly checks a violent attack of mania. In all the varieties of mania, the person should have quiet; inquisitive and meddlesome friends should be rigidly excluded.

In acute delirious mania, Dr. Blandford speaks highly of packing the subject of the attack in a wet sheet, it quiets the excitement and causes sleep. When a case of mania does not yield in ten or twelve days to treatment, he should be sent as soon as possible to an asylum. When about to leave home he should be told frankly where he is going and for what purpose; though he may offer some resistance, and cause some trouble, still such a course will do away with the belief that he has been inveigled to the hospital and detained there against both his own wish and that of his friends.

**TREATMENT OF MELANCHOLIA.**—The treatment of this disorder will tax the skill of the medical attendant fully as much as mania. He will find that sleep is insufficient and irregular. He will find that he has to contend with obstinate delusions, and that his patient often refuses

food with the greatest determination. As to the administration of nourishment, I have already spoken. The retention of masses of scybalous matter in the intestine, is a frequent cause of this affection, and its removal effects a cure. To accomplish this nothing answers so well as aloes, given with some aromatic and small doses of ferri sulph., as in the following R, pulv. aloes soc., ℥ii, Ferri sulph., gr. xii, ext. hyoseyami, gr. xx, pulv. capsici, gr. x, mucil. acaciæ, q. s. ft. pil. mas., divide into pil. No. 15. Two for a dose, night and morning, until free alvine discharges are obtained.

It is as vitally necessary to induce sleep in melancholia as it is in mania. Morphia now answers a much better purpose than in the latter disorder. I have often heard the loudest and most frenzied exclamations quickly cease after the hypodermic use of half a grain of acetate of morphia. The preparations of opium, however, have one serious disadvantage, inducing a constipated condition. The bowels should always be maintained in a solvent state.

Chloral is another agent that we now have to rely upon, and it is free from the objection ascribed to opium. It should be given in a large dose at bed time, in order to secure sleep, and in smaller doses throughout the day; given in this way it most effectually allays the despondency, which would otherwise be so difficult to manage. When the more acute symptoms have passed off, I use with much success the following R, ext. lupuline, fl., ℥iv, ext. hyoseyami, fl., ℥vi, potas bromide, ℥iv, syrup zingiberi, ℥iij, a tablespoonful every four or six hours. If the bowels are constipated, the tr. aloes and myrrh may be added to the mixture.

The above R. serves a most excellent purpose in relieving that gloom and sadness that so tenaciously hangs to, and over-shadows the diseased mind. The various preparations of iron, or iron and bismuth, serve as excellent tonics in the latter stages of the disorder, or should these



disagree, the diluted phosphoric acid may be given with the most happy results. Any medicine administered, should be made as palatable as possible, for the palate of the insane is often extremely fastidious.

Another most excellent tonic in all stages of insanity when a tonic is required, is a mixture composed of the sesquichloride of iron, quinine, and spts. of chloric ether.

As a suicidal tendency may be suddenly aroused in melancholia, it will always be wise to remember this fact, and keep a watch on the movements of the patient. He will be constantly speaking of his delusions, and will not be convinced that they are such; no attempt should be made to argue him out of them, as it will fail, and the patient be only the more convinced of their reality.

The attendants and nurses should exercise patience and great kindness in their intercourse with the afflicted. They should not forget that he is insane, and while so, however aggravating may be his conduct, still he is insane, and his condition is a sad and helpless one, he is driven hither and thither, wherever his unhinged and unballanced mind may drive him, and they will be richly rewarded for all their trouble, when perhaps after much watching, much suffering, and many trials, they shall be the first to discover the bright aurora of reason slowly rising and lifting up once more the benighted intellect.

## PARALYSIS OF ACCOMMODATION OF THE EYE\*.

BY DR. C. E. WRIGHT, INDIANAPOLIS.

I desire to call your attention briefly to a condition of the eye, in which the power of accommodation, or that process by which the eye adjusts itself to vision at different distances, is suspended, or even permanently lost.

Accommodation of the eye is equivalent to what is called "focusing" of the ordinary camera obscura. It is known that during the act of adjustment there occurs a change of shape of the crystalline body, whereby its antero-posterior diameter is rendered greater or less; greater for near objects, as the converging power must be greater, and less for far objects, as the rays of light from far objects being nearly if not quite parallel, require less refraction. This act is involuntary and yet depends upon the will for its accomplishment. It is produced by the action of the ciliary muscle in a manner not necessary to explain here.

Paralysis of the ciliary muscle, then, must necessarily suspend the accommodative power; and this condition is characterized by a removal of the near point of vision and in some cases by the approach of the far point.

Stellwag divides paralysis of accommodation into two forms, viz., "true paresis, dependent on functional disturbances of the nerves," and that form dependent upon pathological changes in the muscle, and also upon adhesions, such as posterior synechia.

The causes are extra-ocular; the former including cerebral and constitutional disturbances, cerebral tumors, hemorrhagic effusions, diphtheria, lead-poisoning, trichiniasis, malarial fever, diabetes, or any debilitating disease; the later, atrophy, adhesions, morbid growths, etc.

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\* Reprinted from the Transactions of the Indiana State Medical Society, 1871.

One author mentions cold, rheumatic affections, and syphilis as causing this affection. It is not unreasonable to suppose that a prolonged and injudicious employment of atropia, may produce a like result by inducing atony from want of use of ciliary muscle. I have seen one case caused by over-lactation.

Paralysis of accommodation is an extremely rare affection. I have looked over the reports of several large hospitals where annually hundreds of cases of diseases of the eye are treated, without finding it mentioned.

It may be mistaken for amblyopia, or asthenopia, being usually accompanied with the latter.

The symptoms are, asthenopia, mikropsia, loss of power of adjustment, generally for near, sometimes also for far objects; the pupil in some cases reacts normally to light, but is generally immovable except by topical application of myotics and mydriatics.

This form of paralysis is occasionally connected with paralysis of the ocular muscles, and sometimes is a symptom or an attendant of general paralysis.

The prognosis is, as a rule, not very encouraging, even although the exciting cause may have been removed.

Authorities are by no means united as to the treatment—one asserting that calabar bean is of no use, while another says he has observed good effects from its employment; cold douches; exercise of the eye with convex glasses, which do not quite correct the error of refraction; constitutional remedies, iron, quinia, strychnia, invigorating diet, etc., for those cases dependent upon constitutional causes; electricity; all these have been used with varying success. Ergot has been tried without effect.

A case recently coming under my treatment I consider worthy of being reported. Why or how a blow upon the cheek and paralysis of accommodation should be related as cause and effect, I can not explain, nor can I find the record of a similar case.

I never saw the girl before she received the injury, and as the patient and parent appeared to be truthful, and all efforts to detect imposition failed to prove any attempt at deception, I received the history of the case given by them as being correct.

Mary Graney, aged thirteen, received a blow upon the right cheek just below the edge of the orbit, from a stone thrown by a boy. According to both patient and parent the eyes were previously normal in appearance and vision.

After receipt of the injury the eyelids were swollen so as to close the eye. Four days afterwards, May 1, 1871, I saw the case and found slight extravasation of blood in integument of lower eyelid but no swelling of palpebræ; very slight conjunctival injection; no increase of lachrymation; pupil greatly dilated, though atropia had not been applied to the eye; in fact no local application excepting cold water had been used.

Vision—Right eye;  $v=\frac{1}{3}$ .

Left eye,  $v=1$ .—Normal.

Upon ophthalmoscopic examination the fundus was plainly seen without a lens. Optic papilla normal, retinal veins slightly enlarged, color of retina somewhat darker than that of left eye; slight chromatic aberration.

Treatment.—Electricity; solution of sulphate of morphia, two grains to the ounce of distilled water, five drops to be applied to the eye three times a day; cantharidal blister behind the right ear. The case was seen daily until May 12th, at which time there was decided improvement in vision:  $v=\frac{2}{3}$ ; May 16th, extract of calabar bean was applied to the conjunctiva and contracted the pupil in about fifteen minutes, but did not in any way improve vision. Pupil was found fully dilated again in five hours after applying the physostigmin. From May 16th, to date, June 5th, the patient was seen about three or four times a week. Electricity over the closed lids, extract of calabar bean to the conjunctiva,



together with iodine applied over the mastoid process have been employed in the treatment and the patient has been directed to immerse the face in cold water, opening the eyes while under water, three or four times a day. Occasionally a drop or two of wine of opium have been applied to the conjunctiva.

At present, vision in the right eye is perfectly normal, but there remains a partial dilatation of the pupil, or mydriasis, which has resisted all treatment.

After the use of myotics the pupil remains contracted for a few hours, only to regain its semi-dilated condition when the medicine has been discontinued. This semi-dilatation of the pupil is a distinctive feature, inasmuch as it does not resemble the full dilatation caused by atropia.

It may be as well to add that during the whole course of the disease there was no symptom of cerebral trouble manifested.

Mr. Jonathan Hutchinson mentions (*Royal London Ophthalmic Hospital Report*, February, 1871,) the case of a nervous young lady, in whom temporary paralysis of accommodation occurred whenever she became frightened. The patient was also troubled with slight hypermetropia.

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## AMPUTATION OF BOTH ARMS AND COMMUNED FRACTURE OF INFERIOR MAXILLARY BONE.

BY J. A. HATCH, M. D., KENTLAND, IND.

May 21st, 1871, I was called to attend John Cuthbert, age 22 years, fireman. He had just fallen from his locomotive, one wheel of which had passed over and crushed both arms—the right arm above elbow joint, the left arm below and at elbow joint. Some part of the locomotive had struck the right side of his lower jaw

an inch from the symphysis, causing a comminuted fracture of the bone at that point, and an oblique fracture of the same bone on the left side; this fracture was situated back of the first molar tooth. I found the patient suffering from the shock (usual in such cases.) By the free use of stimulants and warm applications, partial reaction was soon established. An hour and a half after the accident, assisted by Drs. Beckner and Speck, (the patient being placed under the influence of chloroform) I amputated the right arm, commencing incision four inches below greater tuberosity of the humerus, making anterior and posterior flaps. As soon as the ligatures were properly applied, and continuing the anæsthetic, I amputated left arm just above the elbow, by the flap operation. After the stumps were dressed, symptoms of prostration became manifest, and the adjustment of the fractures of the lower jaw was deferred until the next day. Ordered whiskey and beef-tea. Visited patient next day, and with the assistance of the above mentioned medical gentlemen and Dr. Shulty, I succeeded in adjusting the fractures of the lower jaw. In this case the largest fragments of bone tended backward and to the left. By wiring the teeth together on the right side, and placing a compress on the ramus of the jaw on the right side, held by adhesive straps and bandages, with support to the chin, a satisfactory adjustment of the jaw was obtained. Continued beef-tea with soups, but discontinued whiskey. May 23d, the fever attending reaction had subsided and patient's condition gave some promise of a favorable result. May 26th, five days after operation, I removed the dressings from the stumps, and found right stump suppurating to a great extent; used the following as an injection between the flaps, Calvert's solution carbolic acid, 1 part, to water 50 parts; also moistened dressing in same mixture. Found the flaps of the left stump uniting by first intention, and with the after-treatment of that

stump, I found no discharge of pus whatever, except where the ligatures were brought out. As there was a continual discharge of pus, which soon became foetid, from the right stump, I used the carbolic acid solution twice a day for two weeks, when a sphacelated portion of the deltoid muscle about an inch and a half in length came away. Afterwards the pus resumed a healthy character, and the stump commenced healing by granulation. All the ligatures (excepting the one placed on the brachial artery in the right stump) came away before the fifteenth day after the amputation. I used the same amount of force with the ligature that did not come away, as I did with the others, but it remained firm in the stumps. I used as much traction on the ligature each day, as the patient would allow, until August 15th, 1871, when it came away. It had remained in the stump eighty-seven days. The ligatures were of fine waxed silk thread. I have noticed but two cases reported of "long retention of ligatures after amputation." One reported by Dr. J. R. Weist, in *Western Journal of Medicine*, July 1868, the ligature remaining in the stump seven months. The other case reported by Dr. A. G. Craig, in same journal, September 1868, the ligature remaining nine months, when he lost sight of the case.

My patient continued to gain strength and appetite on his regular diet of beef-tea and soups of various kinds. During the third week the lymphatic glands of the neck commenced enlarging, and two or three small abscesses formed which were opened early, and the following was given three times a day, as tonic and alterative: pill, iodoform (grain 1,) et. ferri redactum, grains 1½. I continued this prescription for twelve days, when all the glandular enlargements disappeared. The fracture of the jaw on the left side, united firmly in the usual time, but that on the right side did not do as well, owing to the irritation and suppuration

caused by several pieces of necrosed bone that came away during the healing process. The patient at present date, August 21st, 1871, is in good general health, with stumps healed perfectly, and good prospect of fair use of his lower jaw.

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“EXCISION OF OS-CALCIS REVIEWED.”

ZIONSVILLE, IND., August 28, 1871.

MESSRS. EDITORS: I send you a communication from Drs. Starkey and Bowers, of Whitstown, Ind., in reply to an article in the last number of your Journal, by Dr. W. S. Mendenhall, of Lawrence, Ill. As for myself, I have no reply to make to any communication from such a source.

G. A. DUZAN.

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WHITESTOWN, IND., August 28, 1871.

MESSRS. EDITORS: In your last issue appeared a communication under the title of “Excision of Os-Calcis Reviewed,” by W. S. Mendenhall, of Laennec, Ill. Doubtless Dr. Mendenhall felicitates himself by cherishing the belief that his animadversion was sharp, severe, and *withering*. It is painful to mar his pleasure of self-gratulation after his labored review (?), but we feel in duty bound to pronounce his communication a tissue of falsehood—simply a perversion of facts to gratify some personal malice. We were present and assisted Dr. Duzan in the operation of excision of os-calcis, and the report of the case, in May number of your Journal, was correct in every essential particular. At time of operation the child’s health *was* fearfully impaired. A perpendicular incision dividing tendo-achillis *was* made. The under surface of os-calcis *was* exposed, and *all* of the bone *was* removed. The carious part of astragalus *was* removed with a gouge. The child *did not* walk in a



week, nor in a month after the operation. Had Dr. Mendenhall not been so fearfully *excited* during operation, he might have observed correctly, and "reviewed" without falsifying.

Dr. Mendenhall's presence during operation, was *permitted* and not solicited. If Dr. Mendenhall's name had appeared in Dr. Duzan's report of the case, that review (?) would not have been written.

We sincerely hope that with age Dr. Mendenhall will get wisdom, and that in future he will not allow his rancorous feelings to betray his nature. The animus and character of the author of the communication are unworthy of a more extended notice.

Mr. Laughner has authorized us to say that he did not have any conversation with Dr. Mendenhall, therefore did not say that his daughter could walk in one week after operation. Dr. Mendenhall's statement to that effect is wholly false.

W. D. STARKEY,  
VALENTINE BOWERS.

## Proceedings of Societies.

### INDIANAPOLIS ACADEMY OF MEDICINE.

GEORGE W. MEARS, M. D., PRES'T. A. W. DAVIS, M. D., SEC.

Dr. Ward read a paper "on the prevention of fatal anæsthesia,"—the paper being devoted especially to chloroform. After giving the history of chloroform, and its chemical constituents, the essayist proceeded to give some statistics, showing that previous to 1863, over 150 deaths had been reported—this country not included, from the fact that no statistics had been gathered. Re-

ferring to the Medical and Surgical News as authority, the essayist stated that since the first of January, 1870, 40 fatal cases have been reported. These figures showing a death rate for the 16 years prior to 1863 of 9 per annum, and from January 1870, to date, the average would be 20 per annum. The essayist then passed to the mode of administration, presenting five points to be observed, namely: 1, a recumbent position; 2, an empty stomach; 3, a free play of the diaphragm; 4, abundance of atmospheric air; 5, and a gradual administration—by a napkin or hollow sponge held about two inches from the nose, with a gradual approach to within  $1\frac{1}{2}$  inch, but no nearer,—the lips, and parts about the nostrils to be anointed with olive oil, or some other non-irritating agent,—previous to the administration, in debilitated cases, it is deemed advisable to give stimulants, placing the patient in the horizontal position, and when it is practicable on the side. The essayist deprecated the practice of dentists, and others administering chloroform to a patient in the upright position, whereby the heart is partially paralysed, and lacks the power to force the blood into and through the brain. At this point the essayist cited a case, where a Dentist having a patient to all appearances dead from chloroform; did not know enough to take him out of the chair, place him in a horizontal position, and use the ordinary means of restoration. The principal reason put by the essayist in favor of an empty stomach, was, that vomiting is likely to occur when the stomach is loaded, and the danger of foreign substances entering the trachea. The essayist favored the gradual administration of chloroform in all cases to secure the full quantity of atmospheric air, and by so doing to avoid sudden prostration, by giving the system sufficient time to accommodate itself to the anæsthetic, the proportions being  $2\frac{1}{2}$  to  $3\frac{1}{2}$  parts of chloroform, to 100 parts of atmospheric air. The doctor commented severely on that familiarity with danger,

which begets a reckless indifference, verging on gross carelessness, by those who knowing how, and having experience do not exercise the greatest care, but on the contrary trust the administration to students or house physicians of limited experience. The essayist closed by referring to the use of chloroform in obstetrical practice, and stated that no clear case of death had been reported as having occurred in the lying in chamber. The doctor gave as reasons for this "almost perfect immunity," 1st. There being no need of haste, the administration is gradual, thereby securing the requisite quantity of atmospheric air. 2d. The anæsthetic is pushed only to the second stage. 3d. That some authors are of the opinion that the puerperal condition renders the system more tolerant of the anæsthetic agent. Of this, the essayist is somewhat in doubt, and is of the opinion that the freedom from danger is due to the two first causes—believing, however, that in all cases, where the rules laid down for the careful administration of chloroform are carefully adhered to, the number of fatal cases would be very much lessened.

Dr. Cominger said that if the rules laid down in the essayist's paper were carefully followed, there would be fewer deaths. Believes in the gradual administration of chloroform, so that the system may by degrees become tolerant of the agent. That the danger is not wholly confined to the administration, and paralysis of the brain and nerve centres, but also to the nutritive functions. Does not believe that organic lesions of the heart are obstacles to the use of chloroform. Is opposed to its use in minor operations. Favors it in obstetrical practice, believing that it hastens labor by relaxation of the tissues. And that the secondary effects of chloroform produce fatal results.

Dr. Waterman thought that an agent which would affect the nervous centres so as to produce anæsthesia, would probably never be found that would be free from

danger,—since it must necessarily extend in its effect to the very borders of safety, and especially in such cases as have any inherent weakness in the organization of the brain, or medulla oblongata, are, under such circumstances liable to betray that weakness, under any such profound impression. Probably were ether used as much, it would be found as fatal. We should take the risk, just as we ride on a railroad—trying by care to reduce it to its unavoidable minimum.

Dr. Todd said that the administration of chloroform had like other things become fashionable, and regretted that such was the case, and thought that the suggestions of the paper were worthy of serious consideration. The doctor also alluded to the effect of chloroform on the nerve centres, as shown by the loss of sensibility, the quick suspension of consciousness, and the relaxation of voluntary muscles, and was of opinion that the blood was simply the vehicle through which the agent was brought in contact with the tissues upon which it operates. Favored the use of chloroform in obstetric practice.

Dr. Woolen was of the opinion, that we in too many cases, lose sight of the shock following surgical operation, and that many of these cases which terminate fatally are ascribed to chloroform, when in all probability they died from the shock consequent upon the operation. Thinks that there is not enough care taken in the administration of this powerful agent. Favors the use of it in obstetric practice, but not in the operation for fistula in ano.

Dr. Harvey said that we must take into consideration the fact that chloroform has been so much more extensively used during the past two or three years than ever before, and that the statistics presented by the essayist, showed but a small per centage of fatal results, when we consider how freely chloroform is administered by persons wholly irresponsible,—such as dentists, who give



it to patients in the upright position, and by so doing, are guilty of mal-practice. Believes that all fatal results arise from carelessness on the part of the person administering the agent, or from some idiosyncrasy on the part of the patient. Believes that chloroform makes its primary impression on the nervous centres through the circulation. Gives it freely in his own private practice, and believes in giving it freely, and quickly.

The president said: The essayist ascribes the immunity observed in obstetrical cases to slowness in administration. He thought there was another cause for this immunity. There is, without question, a peculiar condition of the female in such cases that counteracts the deleterious effects of this agent. He has given it often and rapidly, and never met with any bad results in the parturient patient. In one case, a delicate and highly nervous young lady was under its influence fully six hours. He generally tells his patients there is a risk, but after hearing this discussion, and the opinion of various gentlemen upon the subject, he should cease to do so, for all are agreed that no bad results have ever been observed in obstetrical patients under its use.

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## Cases at Bobbs Free Dispensary.

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REPORTED BY S. C. TOMLINSON, M.D., RESIDENT PHYSICIAN.

May 20th, Thos. E., age 27, applied for treatment; said he had been in the Hospital for Insane; alleges as cause of insanity, masturbation; said he had quit the practice since he went to the Hospital, but now has spermatorrhœa, defective memory and headache. Prescribed brom. ammonium,  $\bar{3}\text{ii}$ ; aqua,  $\bar{3}\text{viii}$ , one tablespoonful three times daily; which had no perceptible beneficial effect. Afterwards prescribed, ext. nux vomicæ, grs. vi; ferri phosphas,  $\bar{5}\text{i}$ ; quinia sulph.,  $\bar{3}\text{ss}$ ; mix

ft. pill, no. xxv ; sig. one pill three times daily. Ophthalmoscopic examination by Dr. C. E. Wright revealed an anæmic condition of retina; which in a great measure influenced us in changing the treatment.

Continued above treatment with addition of comp. cathart. pills, every third night, and with occasional doses of sub-muriate hydrarg.; the latter remedy was given in consequence of indication furnished by coated tongue. At present date, September 24th, 1871, patient greatly improved; spermatorrhœa ceased; works regularly, rests well, and above all is free from abnormal mental manifestation.

January 3d, Mrs. M., age 57, applied for treatment. Abdomen enlarged, presenting much the appearance of a woman at full term; complained of dull heavy pains in the hypogastric region and across the back; a foetid watery discharge from the vagina, and at times some hemorrhage. By manipulation and examination *per vaginam*, it was ascertained that the uterus was the seat of a tumor, the nature of which it was impossible to determine without further investigation; accordingly began dilating the os by means of sponge tents anointed with cocoa butter  $\mathfrak{z}\text{j}$ , carbolic acid  $\mathfrak{z}\text{j}$ . At the end of a week the os was dilated so as to admit of a digital exploration of the cavity of the uterus, which revealed the existence of a tumor. March 7th, Drs. Harvey and Stevens removed a portion of the tumor, which proved to be encephaloid, involving the entire body of the uterus, causing that organ to press upon the colon and rectum, thereby producing constipation, and upon the bladder causing pain and difficulty in micturition; the treatment was with anodynes and vaginal irrigation, carbolic acid  $\mathfrak{z}\text{ss}$ , aqua 1 gal; patient gradually became weaker, until April 4th, when she complained of pains resembling labor pains, peritonitis evidently; died April 6th.

Post mortem 30 hours after death. The tumor was found to involve the entire body of the uterus, portions of omentum, ileum, ascending and transverse colon, the whole having numerous adhesions to the walls of the abdomen; the cervix uteri not affected, though greatly enlarged; descending colon impacted with scybalæ, peritoneum highly inflamed.

April 29th, Mary S., age 17, West Washington street, applied for treatment for goitre; had noticed tumor eight years, said it had increased rapidly for the last year; circumference of neck over tumor,  $16\frac{1}{2}$  inches; prescribed bromide ammonium,  $\text{ʒii}$ ; tr. cinen. comp.,  $\text{ʒiv}$ ; m. sig teaspoonful three times daily. Tr. iodine, (colorless), glycerine aa.,  $\text{ʒii}$ ; m. sig, apply twice daily.

The above treatment was pursued until May 24th, when neck measured  $14\frac{7}{8}$  inches; after which iod. potass., alternated weekly with iod. ammon., was followed by a gradual diminution in the size of tumor, until August 26th, when it had entirely disappeared.

Mrs. R., age 30, (the following history of the case was obtained from the patient subsequent to treatment,) says she is the mother of five children, and has had three miscarriages, the first, four years since, at three months, brought on by taking medicine for that purpose; the second, two years ago without taking anything, she miscarried at seven weeks; became pregnant in September last, and six weeks after took something to produce an abortion, but saw no effect; her abdomen increased in size for about three months, or until December, when she noticed her abdomen becoming smaller, and soon after hemorrhage which continued without cessation until she applied at Dispensary for treatment, March 27th. Upon examination found copious discharge of sanies very offensive; prescribed fld. ext. ergot  $\text{ʒii}$ ; sig. teaspoonful three times daily. Was called April 2d, found patient having labor pains, and expelled membranes of about three months growth, or about four inches in diameter,

containing an embryo five lines in length, and at about six weeks of development; was shown, also, membranes that had been expelled three days before, which was partially decayed, but sufficient remaining to indicate the size as the same as the one described.

The most notable features of this case are the discrepancies between the size of the embryo and that of the membranes, and the arrest of development at the third month without disorganization of the membranes. The embryo and membranes are preserved in the museum of the Indiana Medical College.

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## Reviews.

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A MEDICO-LEGAL TREATISE ON MALPRACTICE AND MEDICAL EVIDENCE; Comprising the elements of medical jurisprudence. By John J. Elwell, M. D., Cleveland. For sale by Cathcart and Cleland, Indianapolis.

THE CAUSATION, COURSE AND TREATMENT OF REFLEX INSANITY IN WOMEN. By Horatio Robinson Storer, M. D., F. L. B., Boston. Lee & Shepherd, publishers, Boston. For sale by Todd, Carmichael & Williams, Indianapolis.

The subject of medical jurisprudence is of more importance than is generally accredited it among medical men. The reason of this non-appreciation is, we think, due almost wholly to the ignorance that prevails among the masses of practitioners as regards this branch of medical study. In the language of the motto of Dr. Elwell's book, "the doctor who knows nothing of law, and the lawyer who knows nothing of medicine, are deficient in essential requisites of their respective professions." How great this ignorance is, is not only to be presumed from the fact that medico-legal study has not, with few exceptions, heretofore entered into the curriculum of medical schools, but is very apparent whenever



the physician is brought in contact with a case where such knowledge is called for. Not one in ten can answer a question respecting it correctly, nor have they any correct judgment formed as to their duties.

It is true, that not every day are they called on to participate in the elucidation of such subject, and many "rust out." There is a remedy for this in continuous study and posting up—a refreshing of the memory. But for the lack of elementary knowledge this will not apply. To bring order out of chaos, and to review the knowledge already systematized, are quite different things.

We are pleased to see that colleges are beginning to recognize and act upon the fact of the great necessity of more attention being given to this subject, and also that special treatises upon the various branches connected therewith are being issued by competent men. The work of Dr. Elwell is, as a whole, a very excellent one. The position he takes upon various questions are plain and unmistakable, and as a rule, his views are sound. Perhaps some portion, such as the report of cases, etc., might have been omitted without detriment to the doctrines propounded; but these are good for reference, and we consider the doctor correct in judging them proper for insertion.

The work by Dr. Storer was presented to the American Medical Association in 1865, and is now placed in the present form without material alteration. He holds to the doctrine that we believe in, that others than superintendents of Public Asylums can and must form rational opinions upon, and as fully understand the subject of insanity in its various phases and relationship.

Another point in which we certainly agree with him, is indicated in the title of the work—that insanity has not always for its cause disease, or disorder of the brain, but that while from them the manifestation of abnormalities are evinced, still the *causa causanta* is very often in portions of the system distant therefrom, and there-

fore calls for special treatment, directed to the seat of mischief. The work is well worthy of careful perusal and study, as it is calculated to enlarge our views upon a subject not well understood by the general practitioner nor, indeed, we might add, by the few who are disposed to arrogate to themselves exclusive and sole knowledge thereof.

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### Editorial.

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AGAIN we call attention to the fact that money is needed—those who are delinquent certainly ought to appreciate our condition. If you want the Journal please send the subscription, if not let us know the fact by note. “With charity to all,” we must insist that if you secure the work, you must pay the money. We hope this startling editorial will not have to appear again the present year.

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Now, as all the Medical Colleges are opening for the winter session, editors of medical journals are profusely scattering good advice to students. This good advice comes as regularly as poetasters write about the beauties of spring and autumn. Our advice shall be short and sweet, and modeled after the parting injunction of the old Scotchman to his son—serve God and keep your bowels open, boys, and you will be happy!

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FOR SALE.—The residence and office fixtures of a physician, in a large town in northern Indiana; an established practice of twenty-one years, worth \$4,000 a year, (may be increased to \$5,000 if purchaser wishes,) Churches, schools, and railroad facilities. Can be had for the monied value of the property; a good chance if applied for before the first of January next. Reasons

for wishing to sell, the present occupant has made a competency and wishes to do something easier the balance of his days. Address "Doctor," at this office.

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## Gleanings from Foreign Journals.

TRANSLATED BY DR. GUIDO BELL.

DR. AHLFELD proves, that the length of the pregnant womb [resp. the axis of the fœtus] corresponds to nearly the half of the whole length of the fœtus.—*Archiv. Gynæcolog.*

DR. FRAENKEL confirms Cruveilhier's old sentence: "the petrification of the placenta takes place always in the small vessels, and presents the same character of petrification as in the arteries," but being in the walls it has no other influence on the circulation, than that on endosmosis and exosmosis.—*Ibid.*

MANY fœtal malformations are caused by filamentous attachments pressing or drawing on the parts. These filaments are the product of a plastic union, *i.e.* without inflammation, or according to another theory of fœtal inflammation, or finally of arrest of formation. Although all stages of inflammation are found in fœtuses, Dr. Fuerst, after J. and C. Braun, prefers the latter explanation, in consequence of embryological examinations.—*Ibid.*

PROF. LITZMAN says the presentation of the posterior parietal bone is not so seldom as is generally believed. The definition of this presentation is: the posterior parietal bone is presented in greater extension than the anterior one. The prognosis is not unfavorable *per se*, but the presentation must be corrected either by natural power, especially by breaking membranes, or by manual interference.—*Ibid.*

DR. RICHTER uses in big warts, caustic potash repeatedly, or the crystalized carbolic acid, after the knife. Tannin, sulphuric acid, acetic acid, do not work so well.—*Zeitschrift Parasitenkunde*.

DR. WENZ was successful in chorea with Richardson's ether-spray, applied along the vertebral column, and recommends it in tetanus.—*Wurtemb. med. Correspond.*

RABUTEAU AND CONSTANT took  $2\frac{1}{2}$  drachms of bicarbonate of soda in the morning and at noon for five days, and found a decrease of urea, [20 per cent.] and of the pulse and temperature. They made other experiments with the same results. Alkalies act in the fever only lessening by diminished oxydation.—*Schmidt's Jahrbucher*.

MONTEVERDI made some experiments with sulphate of quinine and says :

1. It is a tonic in general, and especially to the uterus.
2. Half hour after use it causes light and painless contractions, slowly increasing to actual labor-pains.
3. For expulsion of the fœtus and placenta, 35 centigrammes are sufficient.
4. It is preferable to ergot, because it is not poisonous to the mother or child ; the contractions are regular and it can be given in any stage.
5. It is useful in metrorrhagia, amenorrhœa and puerperal fevers.
6. It is good as a tonic in diseases of the digestive and genito-urinary organs.
7. Pregnancy requires caution.
8. The action can be neutralized by opium.
9. Aysteria contra indicates its use.—*La Nuova Liguria Med.*

A SIMPLE way for examining the throat is to make the patient yawn. In this way powder can be blown in the best.—*Union Medical*.



ON vaccine-syphilis Dr. Koebner writes: The pustules did not appear, or the normal pustules were changed into chancres on the 8th or 10th day. The incubation of [general] syphilis was from 8 to 10 weeks. When no pustules were seen, the syphilitic affection began in the fourth to the eighth week. Vaccination and revaccination from arm to arm do not guarantee against syphilis. K. mentions Prof. Hutchinson's case, where nine grown people out of eleven became syphilitic out of a healthy child.—*Archiv. f. Dermatologie*.

DEVOKE and Goldstein found by experiments that the peptogonic substances, for instance dextrine, are not needed for digestion. The stomach works at any time equally. Hard and soft boiled eggs are equally digestible. The larger curvature of the stomach works more than near the pylorus.—*Berlinklin. Wochensh.*

IS ECSAMPSIA caused by the hydraemic or uraemic condition of the blood? Halbertsman says with Spigelberg: We can not be certain that either condition is the cause. The coincidence with albuminuria is not invariable, but always striking. H. is inclined to refer eclampsia to pressure on the ureters.—*Centrale f. med. Wissensch.*

DR. ALBERT and Stricker found, that water [salt] as well as pus injected in the blood-vessels, increase the temperature.—*Wien. med. Jahrbucher*.

SYPHILITIC ulcers in the larynx have no characteristic appearance; the wind-pipe has no predisposition to this disease; the affection hence is independent of that in the throat.—*Schmidt's Jahrbucher*.

ACCORDING to Chroback, wandering kidney may cause hysteria. Out of 19 cases he found 8 with hysteric symptoms, but six had also some disorder of the genital system.—*Ibid.*

PROF. CATANI has cured 25 cases of diabetes mellitus. The diet was meat only, no milk or eggs, and 5 grammes of lactic acid in water daily. C. uses alkalies in acute rheumatism.—*Wiener. med. Presse.*

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## Miscellaneous.

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R. W. TAYLOR M. D. Surgeon to the New York Dispensary, reports a case of syphilis which presented some peculiar features :

M. M., a Pole, aged 32, came to the New York Dispensary, January 17th, 1870, and presented a very peculiar lesion upon the penis, about which he was much concerned. Upon the inner aspect of the right lip of the meatus urinarius was a spot about the size of the heads of two pins, which presented a silvery appearance. It was not all elevated, but directly continuous, without any elevation or fissure, with the surrounding membrane, and there was no fissure, however slight, through the spot itself, as I examined it with the aid of a magnifying glass. I thought that perhaps the man had cauterized it with nitrate of silver but he said he had not interfered at all with it. He further stated that he had had connection with a woman the day before, and that he noticed this spot that morning. It was evident that the lesion consisted in some change produced upon the superficial epithelial cells of the part. Prof. Boeck, of Christiana, who was present with me at the examination and observed the case carefully, remarked that he had seen the initial lesion of syphilis once or twice before begin in this manner upon the penis, and that he had often observed it commence in this manner in the mouths of children; this latter fact I have verified clinically since my attention was thus called to it.

In a week a distinct indurated nodule was formed,

which very much everted the lip of the meatus. The inguinal ganglia had by this time become perceptibly enlarged. When the nodule, which, though no larger than a small pea, but which was very firm in consistence, had existed about a week, the epithelial scales which covered it were cast off, and then a very slightly grayish ulcerated surface was observed, the granulations of which were very small, and it was covered with a very scant viscid secretion.

I have seen him this year again, and treated him for a relapse, and at the same time saw his wife, and ascertained that she had not had syphilis prior to her arrival in this country.

The chief point of interest in this case is the remarkably short time in which the initial lesion of syphilis was developed.

But the interest of the case is not alone confined to its short incubation, but it is also very interesting in its course. We seldom have the opportunity of inspection of a hard chancre from its first evolution to its maturity and involution, but in this case all the features attendant upon these stages were accurately traced. Again, another point of clinical interest is the development of a papule by auto-inoculation of its secretion.—*Med. and Surg. Jour.*

TO PRESERVE ANATOMICAL AND PATHOLOGICAL SPECIMENS.—The simplest means of preserving anatomical and pathological preparations, is the use of the following solution :

Saturated solution of alum, 100 grammes ; saltpetre, 2 grammes.

The article to be preserved is immersed in the solution, when it becomes decolorized ; but in a few days the color returns, when it is taken out of the solution, and kept in a saturated solution of alum and water only.—*American Journal of Pharmacy.*

OAK-BARK WASH IN SUMACH POISONING.—Dr. J. B. A. Risk, Morgan, Ky., writes, (*Cincinnati Med. Repertory*): “In my experience in the treatment of the erysipelatoid affection of the skin and subjacent tissue induced by any one of the family of the rhus, whether the radicares, toxicodendron, vermix, etc., nothing has been so satisfactory in its curative effects as the decoctio querci albæ: indeed I regard it as a specific; for if the parts diseased are bathed in the warm decoction sufficiently, the soothing effects, the speedy subsidence of the pain, and tumefaction and redness soon follow, announcing to the sufferer the sanative influence of this agent. The subsidence of the inflammation and the corrugation of the skin will not perhaps always take place at the first bathing, but, if followed up a few times, will be sure to occur, ending in a permanent cure, without the use of constitutional remedies. In order to effect these results the parts diseased should be in contact with the decoction, either by immersion or by application with a sponge for the space of thirty or forty minutes, or even longer, when there is much inflammation, and repeated every four hours.”—*The Medical Cosmos*.

BENIGN AND MALIGNANT GROWTHS—DIFFERENTIAL DIAGNOSIS.—Dr. J. N. Danforth, of Chicago, concludes an interesting paper on the “microscopic appearances of cancer cells,” in the *Chicago Medical Journal*, with “the following simple rules for drawing the distinction between innocent and morbid growths; whenever a description of one of the cells of a microscopic specimen is a description of all its cells, the chances are as ten to one that it is not cancer;—whenever, on the other hand, the cells of such a specimen are so varied in form and size that philology and ingenuity and imagination, and the most unflinching resolution combined, utterly fail to accomplish the task of describing them, the chances are as ten to one that the specimen is from a malignant growth, whatever may be its name or location.”—*The Medical Cosmos*.



PHOSPHATE OF LIME IN SICKNESS OF PREGNANCY, ETC.—Metcalf Johnson, M. R. C. S. E., Lancaster, Eng., (*Medical Times & Gazette*,) commends as a nutrient and nervine “the simple hydrated phosphate of lime of the Pharamacopœia in doses of from three to ten grains each, three times a day, suspended in water, and flavored according to the taste of the patient.

“As we have seen, the altered shape of the uterus, the altered nerve relations, the control of the ganglionic nerve to supply the new arterial system to be established make a demand upon nervous influence which is very unusual. Nervous power can not be expended without harm, unless the supply of new neuric elements makes up the deficiency. Neuric force derives much of its nutrition and force from phosphates. Moreover, the child in its formation requires more phosphates for its new bones, and if these are supplied at the expense of brain and ganglionic nerve, it follows, as a matter of course, that debility, nervousness, and all the concurrent train of symptoms must inevitably be brought about; and hence arise those feelings of depression, peevishness and irritability so frequently associated with the pregnant state. Nor is it to be wondered at, if we consider that we take no steps to supply the new demand made upon the blood.—*The Medical Cosmos*.

QUINIA AS A PARTURIFACIENT.—Dr. Angelo Monteverdi, (*Giornale Veneto of Med. Sciences, Medical Record*,) “has found the Peruvian bark and its preparations to contain highly emmenagogue properties superior to the ergot. The sulphate of quinia, at doses of five grains every half hour, administered to pregnant women, will produce—first, the simple tension of the fibres of the uterus; second, slight contractions; and lastly, strong and expulsive contractions, so as to cause miscarriage and premature birth. He has used the sulphate of quinia as above in cases of protracted labor without regular or long pains, and flaccidity of the uterus, where the ergot

should have been used, even where rigidity of the os has existed, or where the placenta has not been successfully expelled, and he has found the first dose of quinia to revive the already inefficient pains and contractions, and successfully carry to an end, in less than an hour, the long-desired labor.”—*The Medical Cosmos*

DELIVERY OF PLACENTA BY PRESSURE ON UTERUS.—Dr. Chantreuil, of Paris, (*Archives Generales de Medicine*), gives his experience, with the method by external compression of the uterus, which he learned from Professor Crede, of the *Maternite* at Leipzig. Success is more rapidly attained in proportion as the attempt follows closely upon the birth of the child, yet it may be achieved after lapse of a quarter of an hour, or half an hour. The proceeding should be practised during a pain, and not during an interval. At the time of the maximum of the first uterine contraction, which naturally takes place after the birth of the child, the fundus uteri is to be embraced in the open hand, and steady pressure made downwards and backwards.—*Medical Gazette*.

REDUCTION OF HERNIA IN THE ERECT POSTURE.—Dr. McGeachy, in *The Canada Lancet* gives a case in which the patient was relieved by taxis in the erect posture, and adds the following remarks :

“1st. Obstinate constipation, or complete occlusion, may sometimes be caused by a partial incarceration of a portion of an intestine, which neither digital examination nor any physical means can properly demonstrate. The extreme importance of a proper diagnosis in suspected cases need not be insisted on. This patient had taken for two or three days previous enormous doses of salts, but without any effect; this I was not aware of at the time. I had a very interesting case of this kind some time ago, which terminated on the fourth day in complete relief, by spontaneous reduction.

“2d. Is the erect posture the proper one, or only ac-

cidentally advantageous? Might I presume to offer a theory to my medical brethren, which, in the absence of any other that I am aware of, may be thought worthy of some consideration?

*"I believe that the proper position, theoretically, for the reduction of a strangulated inguinal hernia, and in which alone the co-operation of dynamic agencies can be utilized, is the erect posture, with the flexure and adduction of the thigh.*

"The means to be used are obvious. If beforehand the colon be well evacuated, or as much so as possible, every rational preparatory condition will have been fulfilled. In the old position, but one force is brought to bear—the *pushing force* used by the operator, if I may so term it. By this method we have also a pulling force (*vis a fronte*), namely, the weight of a large portion of the bowel striving to drag the remainder from its posture of imprisonment. Why not, then, invert the patient, and secure the action of this new force in a still greater degree? Simply this: The rythmic action of the diaphragm forbids the continual operation of this force, and should it have any effect, it often leaves matters *in statu quo*, during its contraction. Besides the force here would generally be acting at an angle, the ring being the fixed point.

"3d. Many practical men prefer this method of reduction, without regard to theory."—*Medical and Surgical Reporter*.

MAMMARY ABSCESS AND ITS REMEDY.—The symptoms of inflammation of the gland under consideration are well known to the profession. Whenever these arise, every effort should be made to arrest the secretion of milk; this will relieve the mother, and not necessarily interfere with the well-being of the child, which, if proper care be taken of it, will generally be found to thrive upon good and pure cow's milk, with the occasional addition of a small quantity of lime-water.

The treatment, therefore, is to be begun as soon as there are any symptoms that mammary abscess is likely to occur. I have found the following prescription of service:

R Extract. Belladon. Alcoholic.,  $\zeta$  iv; Glycerinæ, q. s.; mix them of the consistence of a moderately thin paste. This is to be spread in a medium thick layer with a spatula, over and upon both mammary glands, from the sternum to the axilla. Cover with a cloth dipped in olive-oil, and this in turn with oiled silk. Allow the dressing to remain undisturbed during a variable period of from two or three or four weeks, inasmuch as it can be worn by the patient for any length of time without inconvenience.

The argument in the case is directed, of course, to threatening abscesses; but all will at once recognize the appropriateness of the treatment in cases of still-born children, where it is certainly desirable to arrest the secretion of the milk at once. In these cases apply the remedy within an hour or two after the birth of the child. I have never known this treatment to fail of its desired effects, where it was used in time.—*Med Times*.

In addition to the above we would recommend the support of the mammæ by adhesive plaster.—ED.

NEW TEST FOR STRYCHNIA.—Strychnia as is well known, possesses the quality of showing marked changes of color when in solution of sulphuric acid and acted upon by strong oxydizing agents. Chromate of potassa, generally used for this purpose, has itself a strong coloring effect, which sometimes lessens the sensitiveness of the test. Sonnenschein (*Berliner Klin Wochenschrift*), has substituted sesquioxide of cerium for chromate of potassa, which has less color, renders the play of colors more intense, and the final color is not of a dirty yellow, as with chromate of potassa, but cherry-red and more lasting. It is claimed that 0.00000 1 part of strychnine can be discovered through this test.—*Half-Yearly Comp.*



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## Original Communications.

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### AN ESSAY UPON OFFICE PHARMACY.\*

BY E. W. KNEPPER, M. D., LA GRANGE, IND.

The growing importance of pure remedies and small doses, together with the fact that it is almost impossible to procure such medicines, has led me to jot down a few thoughts upon the subject of office pharmacy.

The well known fact that but few of the medicines, (and especially the new remedies), that we daily purchase of our druggists, are reliable, while many of them are utterly worthless, calls loudly upon all thoughtful physicians to look about them to see if there are no means by which this growing difficulty may be corrected. I know of no branch of business wherein there is such a glowing want of honesty of purpose, such unmitigated swindling, nor so successful, as is the deception practiced in the manufacturing of medicinal articles. All will agree that there is no branch of business which ought to be so sacredly guarded or well protected against

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\* Read before the Northeastern Medical Association at LaGrange, Ind., September 5, 1871.

the dishonest and villainous scoundrels who would place upon the market, not only worthless, but even dangerous medicines and compounds, regardless of consequences. In no other branch of business can such serious results ensue. As it now is, the physician, not the manufacturer, is held responsible for any mischief that may result from their use. The man who would place upon the market a worthless article of this class ought to be punished as a felon, yet I know of no law which has for its object the prevention or correction of this growing evil.

The preparations most likely to prove deceptive are the extracts, and especially is this the case with the fluid extracts; yet the solid extracts are far from being free from impurities. As the class of fluid extracts is increasing so rapidly, it is here that the most uncertainty is, and the greatest difficulty in detection is encountered. These forms of medicine are very convenient for administration, and if they were at all times what they purport to be, they would fill a void long felt by the profession. But it is a lamentable fact, that they are uncertain, unreliable, eight times in ten. You may, it is true, get a good article to-day, yet you have no assurance that the next pound you may purchase will be worth anything. This fact is so well understood that I think no one will deny it. Then we must use uncertain remedies, or fall back entirely upon the *old Sampsons*, as some one has called them.

Very many of the remedies prepared in the form of fluid extracts possess valuable medicinal properties, when prepared from the fresh material, but when prepared from the old and dry root, as I fear they mostly are, they are entirely destitute of these properties. I might mention as an instance the cotton root. This we are told is a very powerful emmenagogue when used fresh, but entirely destitute of any such properties when it becomes dry. Or take the ergot. Who has not been

disappointed in its use? This valuable remedy deteriorates with age, especially when in the grain, unless sealed up and kept in the dark. So there is no safety in buying it, for it is very difficult if not impossible for the physician to determine as to its qualities, and if he writes his prescription he of course never sees the medicine.

But another source of dissatisfaction is becoming too prevalent, viz: The preparation of tinctures and syrups from the fluid extracts. You call upon your druggist for a tincture, and if it is not already prepared, he will take the vial, walk up to his uncertain extracts, pour in an uncertain quantity, then turn and add an uncertain amount of an exceedingly doubtful quality of whiskey, then hand it to you politely, saying "Tilden's formula." Now, what must be the result when so much uncertainty exists? The question may be asked, who is responsible for all this? We answer, the physician largely—certainly not the patient. He is not supposed to know anything about the matter. He calls upon his physician and expects to be furnished with just what he needs. He does not think his physician will send him where he will be swindled. If he gets well, the doctor gets the credit; if he dies, he is again awarded the honor. The quality of the medicine is not once thought of. It is true we can not always tell the quality of the medicine when placed before us, hence our patients lives are sometimes placed in jeopardy.

The great question is, how are all these difficulties to be corrected? This we will not attempt to answer in full; yet we may avoid them to a great extent by preparing as far as possible our own tinctures from the crude articles, for of these we can best judge. Give office pharmacy some attention. Many of our indigenous remedies are very valuable. Medicines are none the better because they have grown in a foreign soil. Almost all these remedies yield their virtues to alcohol, and you can make your own concentrated tinctures from

these that are far superior to any fluid extracts or tinctures you buy; besides, you always know just what you are using. Take, for instance, the podophyllum; prepare a tincture from the recent root,  $\text{℥vii}$  to the pint of alcohol, and you have a remedy that after you have once used you will never want to be without. Dose, as an alterative, 10 to 15 drops; as a cathartic, half drachm. I am satisfied that a trial of this tincture will satisfy any one of its superiority over podaphillum. It makes no difference whether it is to be used as a stimulant to the digestive organs, as an alterative, or as a general cathartic. Or if you wish to use the dandelion, prepare a tincture in the same way, and you have a better medicine than the taraxicum in the market. Or take the *Phytolacca decandria*, (or poke root.) This remedy has not, I am satisfied, received the attention and credit it deserves. It exerts a direct influence upon the processes of waste and nutrition, and therefore possesses those properties called alterative in a high degree. I have used it in scrofula, secondary syphilis, and chronic skin diseases, with excellent results. A tincture may be made in the way before mentioned. There are many others of our indigenous remedies that are really valuable and worthy of a trial that I might mention, but these will suffice for the present. But this course need not be confined to the indigenous plants, but should be extended to others. Buy your opium for instance, and indeed make all your tinctures, then you *know* they are of full strength. The same may be said of syrups.

By pursuing the course indicated we would avoid, to a great extent, the difficulties named, besides having some reliable remedies, as well as lessen very much our expenses for drugs—a matter of no trifling moment, at least with some of us.

Still another way of avoiding the difficulties is to refuse to purchase any article about which there is doubt. We ought to exercise as much care in this matter as the



farmer does when buying his agricultural implements. We ought to exercise as much shrewdness as they, in not allowing ourselves to be deceived more than once by the same humbug. Give the manufacturer and your druggist to understand that you will not buy trash, or suffer him to impose on you.

When the farmer goes to market to purchase any machinery, a plough for instance, he carefully examines it, asks all manner of questions about it; he sees his neighbor who has used one of the kind; is the draft light, does it turn well and run steady, are questions about which there must be no doubt, before he will consent to buy. How is it with the physician? He walks to the counter, calls for some medicine, takes it perhaps without a look, a taste or smell, goes to his office and prescribes it for his patient, who goes home to take the medicine, and to return perhaps in a few days to tell the doctor he is no better. To this carelessness I think may be attributed many of the disappointments and perplexities in practice. But there are other ways in which the physician may have an influence in correcting the evil. Let us agitate the subject—write it up; let the manufacturers have the benefit of a full ventilation; let our legislators know what is wanted. This may result in some legislative restraint being brought to bear. Our journals, too, are responsible in a great measure. They ought at all times to make it a point to keep this matter before the interested. Let it be fully understood that good remedies and pure ones alone are wanted.

Pursue the course indicated, and especially that pertaining to office pharmacy, and you will find much satisfaction in their preparation and use. It gives a man a love for investigation, which grows as he pursues the subject, and will finally afford much valuable experience which none will have cause to regret. Our labors and perplexities will be lessened, our success enhanced, science advanced, our professional standard elevated, and both physician and patient made happier and better.

## ASTHMA.

BY F. J. VAN VORHIS, M. D., INDIANAPOLIS.

I trust you will not think it out of place if I call your attention to-night to a little theoretical speculation.

I know that theorizing is often made the subject of sarcastic remarks, that it is a common saying among medical men that facts are more valuable than theories. The truth seems often lost sight of, that facts are only valuable when from them we are able to make deductions, or by means of them construct theories, if you please, that lead us in the direction of truth and of rational practice. In turn theories founded upon a certain number of observed facts, give us valuable aid in the collection of additional facts. For observations are made more correctly that are made from a definite standpoint and with a well defined object in view.

I very much doubt whether observations made in any disease without some definite idea of its pathology, incorrect though it may be, are likely to be of much value in arriving at a correct pathology, especially in the disease to which I call your attention to-night, the pathology of which if ever reached must be deduced from its clinical history, and its amenability to the influence of remedies the physiological effects of which are well understood.

The observer who allows himself to float about upon the almost boundless sea of pathological manifestation without a theoretical rudder adopted or originated, will have neither a positive nor a negative value. He will neither prove nor disprove anything.

This much I say in excuse for this paper if any is needed.

I do not think any gentleman who has taken the trouble to read up the literature of asthma, has failed to be impressed with the chaotic state of the subject. Were

we to judge from the literature of the subject alone, we would be forced to the conclusion that pathological laws are a myth and rational treatment a humbug.

Observations have been recorded in abundance, but they are a mingled, tangled mass of confusing contradictions, having been made with no other apparent object than to show variety.

Asthma means laborious breathing, yet the discussion about what should be called asthma, form a large portion of the literature of the subject.

Dr. Salter who has done more, perhaps, than any other man, to form professional opinion upon this subject, confines the use of the term to laborious breathing, caused by spasmodic contraction of bronchial muscular fibers.

Læmiec did not believe that bronchial spasm was the only cause of asthmatic breathing, but describes two forms: asthma with puerile respiration, and spasmodic asthma.

Drs. Copland and Walsh held very similar views, that there was a form of asthma that depended upon a "temporary augmentation of the respiratory necessities of the system."

To this Dr. Salter objects in these words: "It may be said that this is a mere discussion about names, and that it is not of any consequence whether this kind of dyspnœa is called asthma or not. But I contend that it is, because the adoption of such a nomenclature involves the confounding of things utterly dissimilar and the surrender of the essential pathology of the disease. Besides it is not in the interest of correct nosology or rational treatment that such errors in nomenclature should be allowed to stand."

The word asthma has no other meaning than laborious breathing. This twisting and distorting of words giving them meanings they never possessed, that we may understand by them certain pathological conditions

should be condemned. It is the source of a vast amount of confusion.

Dr. Salter does not deny the existence of laborious breathing depending upon other causes than bronchial spasm. He only denies that it should be called asthma.

What, then, is this but a discussion about names?

Dr. Salter's reason might be a good one if we knew anything positive about the essential pathology, but since we do not I cannot see what force there is in it.

He admits, what is now, I believe, generally admitted, that asthma is a neuropathic affection. But the time has come when to call a disease nervous, means but little in a pathological point of view.

If spasmodic contraction of the bronchial muscular fibers is a symptom of an unknown condition of the nerve centres it can not be its "essential pathology." And I can not see what harm can come to nomenclature, nosology, pathology or treatment by calling laborious breathing from whatever cause asthma.

Dr. Salter's limitation presents the double absurdity of giving the word a meaning it does not possess, that a certain pathology may be understood by it, and then applying it to a condition that he confesses is as much a symptom as laborious breathing. Not only a symptom, but a symptom of unknown pathology.

But what I want in this paper is not so much to discuss asthma in its own uncertain signification, as if possible to reach some reasonable conclusion in regard to the mechanism by which asthmatic breathing is produced, and the pathology essential to its production.

I believe Lænnec, to whom we owe so much for our present knowledge of the disease of the chest, was right in the idea that bronchial spasm was not a necessity in the production of asthma.

That kind of asthma that Lænnec describes as "accompanied by *puerile* respiration, in which the vital expansibility of the lung is increased from a temporary



augmentation of the respiratory necessities of the system, occasioned by some unknown modification of the nervous influence," and which Copland, under the name of "nervous asthma," defines as "anhelation from a feeling of a want of more complete respiration than the patient enjoys, the pulmonary expansion taking place with promptitude, completeness and uniformity, as to furnish a general puerile respiration upon auscultation;" and which Dr. Walsh, believing to depend upon a morbid state of the blood, describes under the name of "*hæmic asthma*," has no pulmonary mechanism and undoubtedly does not depend upon bronchial spasm. But aside from this I do not believe that bronchial spasm is the *only* pulmonary mechanism that produces asthmatic breathing, but that it sometimes results from paralysis of the muscular coats of the pulmonary vessels. I would therefore divide asthmatic breathing into three varieties, depending upon (1) abnormal sensations, (2) bronchial spasm and (3) vaso-motor paralysis.

Allow me to call your attention to a few anatomical facts with which I know you are all acquainted :

The bronchial tubes above one-fiftieth of an inch are composed of two membranes, an external fibrous and an internal mucous. Between the layers of the external membrane are situated imperfect cartilaginous rings. Posteriorly in the space not occupied by the rings, the fibers of the membrane are mixed with internal transverse and external longitudinal layers of muscular fibers of considerable thickness. Besides these there are circular or muscular fibers beneath the mucous membrane of all the tubes.

Below one-fiftieth of an inch the tubes lose the rings, but the muscular fibers are contained to the air cells. About the air cells the pulmonary artery terminates in a dense capillary plexus. The intercellular spaces are principally filled by the ramifications of the blood vessels. The middle coat of the arteries of medium size

contains transverse muscular fibers which as we approach the capillaries increase in quantity, while the elastic coat of vessels below one-hundredth of an inch is lost, and is replaced by two or three layers of circular muscular fibers.

Cullen first suggested bronchial spasm as the mechanism of asthma.

Dr. Salter says the idea has been generally adopted from inability to explain in any other way the symptoms of asthma.

That bronchial spasm is one mechanism by which asthma is produced is too well known and too well understood to require argument. But I hardly expect you to accept so readily the idea that it often depends upon a loss of the contractility of the pulmonary vessels.

Dr. Salter says: "Dr. Todd in a clinical lecture, published in the Medical Gazette for December, 1850, advanced the opinion that asthma depended upon poisoning of the nerves of respiration, by which a morbid sense of the want of air was engendered; that this is the first step in the phenomena; that it need have no real objective cause in the lungs; that you may have asthma without any spasm whatever." Now this would seem to be exactly what Lænnec described as depending upon dyspnœa and accompanied by puerile respiration.

But that Dr. Todd meant more than this is evidenced by the following: "Many pathologists ascribe the phenomena of asthma to spasm of the circular muscular fibres of the bronchi. The first link in the chain of effects of the immediate exciting cause of asthma would be, according to them, spasm of the bronchial tubes, then dyspnœa; but what I want to point out to you is, that this state of spasm ought rather to be regarded as an accompaniment, one of the phenomena of asthma, than its cause. The feeling of breathlessness, or in other words, a peculiar state of certain nerves, or of a certain

nerve center, (the center of respiration,) is the first link in the chain of asthmatic phenomena."

I make this quotation to show that while Dr. Todd clearly recognized that severe asthma, having a pulmonary mechanism, sometimes existed without spasm, paralysis as an explanation seems not to have occurred to him, although in the same lecture he makes the following remark :

"Again, a section of the vaginerves of animals produces phenomena exactly like asthma. Whatever be the cause of dyspnœa, in these cases it is clearly not spasm, as the muscles of the bronchi would be paralyzed after a section of these nerves."

Section of these nerves can not augment the respiratory necessities of the system, and dyspnœa could not be the first step in the phenomena unless such was the case. It is very strange that while Dr. Todd furnished the evidence that destroyed his own theory, paralysis never occurred to him as an explanation.

It is my belief that the bronchial muscular fibers have more to do with the phenomena of respiration than is generally admitted. Inspiration, as far as the lungs are concerned, is passive; not so, however, is expiration. The smaller bronchial tubes are collapsed, and the larger decreased in size by means of the circular and transverse muscular fibers, while the longitudinal can have no other purpose than to approximate the rings, thus in every way lessening the lung capacity. If this idea be correct, what would naturally be expected to result from paralysis of *these* fibers? Although there would be no obstruction, there would be an increased respiratory effort. The contractility of the lung being lost, the residual air would be increased, and, of course, the tidal air diminished. The consequence of this change of the relative proportion of the residual and tidal air is deficient oxygenation and dyspnœa.

Since the residual air can not be diminished, the pa-

tient makes a voluntary effort to increase the tidal air by enlarging the cavity of the chest. The result of this effort is very soon the barrel shaped chest familiar to every one who has seen a case of emphysema. Now add to this paralysis of the bronchial muscular fiber, paralysis of the muscular coats of the arteries, that form so large a portion of the lung tissue, and we have all that is required in the way of mechanism to produce the very worst form of asthmatic breathing, the most noticeable feature of which will be the extreme difficulty with which expiration is accomplished. If, however, vaso-motor paralysis exists without bronchial paralysis, inspiration will be the most difficult.

The weakened vessels are increased in size under the pressure of the blood, and every effort at inspiration serves to add to the already increased amount of blood in the lungs. The air cells are collapsed and the bronchial tubes encroached upon, producing a variety of symptoms that, it appears to me, impossible to explain upon the hypothesis of bronchial spasm.

Having reached this conclusion, admitting it to be correct, we *still* have nothing but symptoms of the "essential pathology."

When the conclusion is reached that asthma is a symptom produced by more than one mechanism, and sometimes existing without any pulmonary mechanism at all, we are enabled far more readily I think to arrive at a reasonable conclusion in regard to the seat of the pathology, if not the pathological condition itself.

Dyspnœa, not *depending* upon any pulmonary obstruction, and *preceding* any pulmonary obstruction, must necessarily depend upon a centric nervous pathology—upon a pathological condition of the sensory cells of the respiratory center. This proposition must, I think, be accepted without argument.

Bronchial spasm is as clearly traced to the motor cells of the same center. In regard to this, I will make the



single remark: Spasm of muscular fiber, wherever it may occur and whatever may be its course, has a centric nervous pathology.

Of the seat of the pathology of vaso-motor paralysis of the lung tissue, we can not be so explicit. It may be seated in the respiratory center, or anywhere along the course of the nerves supplying the respiratory vascular system.

In regard to what the pathology is in either variety of asthma to which I have referred it is not so easy to conclude. Still, obscure as it is, we are not without evidences from which very strong inferences can be drawn.

I thought when I began this paper that I would give some inferences in regard to the actual pathology of the symptom we call asthma, but it has already grown to a greater length than I anticipated.

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## HYSTERICAL AFFECTIONS OF THE EYE AND EAR.

BY DR. C. E. WRIGHT, INDIANAPOLIS.

That the hydra-headed disease, hysteria, does affect the eye and ear no one who has given the least study in this direction will doubt. And I do not, in this essay, mean to confine myself to a narration of those purely imaginary symptoms which arise when no pathological change has been wrought in any part of the body, but to include as well those cases in which there is an actual diseased condition of the sexual organs.

Frequently are cases treated locally without any abatement of symptoms, but with rather an increase of the disease, when constitutional treatment speedily terminates the attack favorably. I have previously called your attention to the influence of malaria in causing ophthalmia, and to the prompt and efficient action of

anti-periodics in quelling the inflammatory excitement, without the topical use of any remedial agent. Iritis, no matter what may be the cause, can be controlled only by combined local and general treatment. Syphilis affects both the eye and ear, and in many different ways.

These instances are mentioned simply to show that if diseases, with whose pathology we are comparatively familiar, may affect the organs of special sense, so may also that peculiar disease, or excitement, or whatever we may call it, concerning whose etiology and pathology we know little or nothing.

In ordinary hysterical attacks the organs of special sense participate but slightly. There may be, perhaps, some dilatation of the pupil and even immobility of the iris on exposure to light; but there are some cases in which intense pain in the eyes, photophobia, or dread of light, and loss of accommodation are present; and in still others pain and roaring in the ears, or a sensation as of a foreign body in the external meatus.

A number of cases of this kind having fallen under my observation, I beg leave to detail a few, hoping they may not prove uninteresting to those engaged in general practice.

Miss M. C., æt. nineteen, a fleshy, well-built girl, of dark complexion, black hair and eyes, came to the Infirmary in the spring of 1869, complaining of an aching pain in the eyeballs, in the ciliary region, and from the supra-orbital foramen, extending to about the junction of the coronal and sagittal sutures. At this point the pain from both eyes centered and formed a circular-shaped painful spot, tender to the touch, but exhibiting no sign of inflammation. Vision and appearance of the eyes were in every respect perfectly normal; there was at times great photophobia but no lacrymation. General health of patient was good; menstruation regular but painful.

Miss C. was at times very despondent, fearing the loss

of sight, and would lie in bed for two days in succession, refusing to be comforted, unless allowed to perfume her clothing with extract of musk, which she said was the only means of relief that benefitted her in the least. She refused to submit to a vaginal examination for about three weeks, when her consent was reluctantly given, and a retro-version of the uterus was found. A pessary corrected the mal-position of the uterus and no more pain was felt in the eyes and head.

Another case, somewhat similar to that above described, occurred in the early part of this year. An unmarried lady, twenty years of age, came to me from a distant part of the State, to be treated for "neuralgia of the eyeballs," as it had been termed. The patient persistently denied that there was any catamenial disturbance or any disease of the sexual organs. There existed a certain degree of hypermetropia, which for reading and sewing was corrected by + 24 glasses; but no other abnormal appearance was presented upon ophthalmoscopic examination, and with other means of diagnosis. Pain in the eyeballs extending to and centering upon the part of the cranium alluded to in the preceding case, was present also in this. The pain was paroxysmal in character, and during the exacerbations the conjunctiva was injected and the eye very sensitive to light.

The pulse being full and bounding, recourse was had to leeching in the temporal region and eyelids, and purgatives were freely employed. Anodynes—morphia, bromide of potassium, \*chloral, belladonna combined with quinine—and other remedies afforded only temporary relief, and the girl went home in about two weeks, in nearly the same condition as when she came. After returning to her home she became so ill that the family physician obtained permission to make an examination *per vaginam*, and found some uterine trouble, the precise

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\*In my practice chloral has not been of much service in allaying pain in the eyes.

nature of which I have not been informed. Treatment for this difficulty was instituted and relief of all the patient's symptoms was obtained. The hypermetropia remaining is corrected by + 30 glasses.

In the *Indiana Journal of Medicine*, 1870, I reported a case of periodical ophthalmia recurring at the menstrual period, and it has been my fortune to witness another case, in the wife of a physician. General treatment terminated both cases favorably.

Cases are reported where parties have, for some reasons only known to themselves, inserted bits of glass, matches, fat meat, and other foreign bodies, into the conjunctival cul de sac, or into fistulous openings caused by caries of the orbit.

I was once called in consultation to see a chlorotic patient, who affirmed that occasionally, at irregular periods, all objects appeared as if tinged a yellowish or greenish color. Restoration of strength and menstruation were followed by a removal of the chromopsia. Color blindness is occasionally caused by hysterics.

Amaurosis, generally of one eye, is sometimes simulated by hysterical females, who desire to create a sensation. The fraud may be very easily proven if the patient is willing to submit to test.

A patient of mine simulating amaurosis of one eye, in order to obtain damages from a party for assault, in which a blow was inflicted above the eye, was detected in the cheat by having the sound eye closed and suddenly calling the attention to a distant object by pointing and a command to "Look there!" The eye was directed to the point indicated before the patient had time to remember that the eye complained of was the one being employed. There are various other ways of determining the truth of a patient's statements in cases of this kind, so that where one test fails another may be used.

The ear is likewise frequently chosen by hysterical females as an appropriate place for the development of



extraordinary phenomena. Not more than a month ago I was applied to for the removal of grains of wheat from the ear. Several grains had been taken from the ear, but the lady thought there must certainly be a great many more there. I removed one from the left meatus, and after careful examination of both ears assured her that her trouble was over. But, like Monsieur Tonsen, she came again the next day, with two more grains of wheat in the left ear, which, according to her story, must have been there when I removed the other, but which she had undoubtedly introduced after leaving my office. Two days after her second visit she again presented herself, saying she was sure there must be more wheat in her left ear; but as it had probably dropped out unnoticed by her, it could not be found, and she was dismissed with an earnest appeal to shun wheat as she would the Evil One.

Dr. Roosa publishes a case where "the mother of the patient gravely stated, and the child confirmed her story, that large pieces of anthracite coal were being excreted from the auditory canal. The patient brought a handkerchief full of coal which had been passed from the ear."

About a year ago I removed from the ear of a lady a mass of cerumen, having for a nucleus a substance, shriveled, yet preserving the general outlines of a grain of corn. The lady told me before I removed it that, fifteen years previously, while suffering from some nervous affection, she had placed a grain of corn in that ear; and she was certain it must be there still. I have the substance in my collection, and it may be seen by any one desiring to look at it.

A lady, brought to me by Dr. Parr, of Zionsville, had introduced a steel button in the ear, with a view to self-destruction, while an inmate of the State Asylum for Insane. Several ineffectual attempts to extract the button were made and the patient, after having recovered

her sanity, was discharged from the hospital. But the presence of the button in the ear, for a year and a half, constantly annoyed her, making her exceedingly nervous and despondent. Her friends, fearing a return of mania, applied to Dr. Parr, who brought her to me and assisted in removing the button, while the patient was under the influence chloroform.

Anæsthesia was employed on account of the excessive timidity of the patient and the soreness of the ear. The meatus was nearly closed by inflammatory swelling and the button was invisible until the canal had been dilated with a polypus forceps. The button being out, the patient's dread of insanity or of sudden death was dissipated. Pregnancy and lactation have an undoubted influence in causing diseases of the eye and ear; but we will not allude to this subject at present.

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### CÆSAREAN SECTION.

BY D. W. C. DENNY, M. D., LIGONIER, IND.

The history of the unfortunate subject of this dreadful operation is substantially as follows:

Age — years, weight about one hundred and forty pounds; short stature, with thick neck, and hair between a yellow and red; had been married twelve years and was enjoying good health at time of operation; first pregnancy. At the usual age of puberty commenced suffering the most intense pain—periodically—possible for a human being to endure, for about two years, at each recurring anticipated, but hopeless flow. This continued, when my friend Dr. R. C. S. Reed, now a professor in the Cincinnati College of Medicine and Surgery, was called upon to treat her, but failed to give permanent relief, owing to the fact that her mother persistently and obstinately refused to permit him to make a proper examination; hence, after the lapse of

a year, nature gave partial relief by forming an opening into the urethra, through which the menstrual flow with difficulty passed.

A few months elapsed, when this unnatural outlet closed, attended with the former intense pain, when nature again came to the rescue, by forming a fistulous opening at the outer inferior margin of the left labia; soon after which she married Mr. L., a farmer. Then it was that the mortifying fact that sexual congress could not be accomplished first became evident to her.

She now, accompanied by her husband, visited Cincinnati and consulted a surgeon, who performed a simple operation at the external outlet, which had the effect of relieving her sufferings and permitting coition to the extent of about one inch and a half. From that time until ———, she enjoyed robust health, when she consulted Dr. E. W. Knepper, of this place, in regard to strange, unaccountable feelings.

After very careful inquiries, the Doctor informed her that he had no doubt that pregnancy had taken place, to which both she and her husband expressed grave doubts, and as a reason gave the above history of the case.

Dr. Knepper then requested that I be called in consultation with himself to make an examination. Consequently some time in February, 1871, we made a careful examination with a small vaginal speculum—a *very* small one only could be used—and discovered what seemed to be a tough, cartilaginous ring, together with a rapid narrowing of the inferior maternal channel, the walls of which were completely indurated. As to the character and cause of this abnormal condition, we could not conjecture. We united in advising the induction of premature labor; at the same time informing her that if gestation were permitted to proceed to the natural term, the Cæsarean operation would, in all probability, have to be performed. To this she would not consent, saying at

the same time, "that, although her husband had always been kind, yet she felt satisfied that he was unhappy, owing to her abnormal condition, and that *she would run all risks.*" We heard nothing more from her until the morning of June 27th, 1871, when both myself and Dr. K. were hastily summoned to assist her in labor. Residing seven miles distant, we soon reached her residence and found labor progressing naturally. We found it difficult to determine the presenting part, for the reason that it was almost impossible to introduce the end of the index finger through the opening in the abnormal obstruction before alluded to. The pains continued regular and unusually strong until 3 o'clock P. M., when the membranes—which had been carefully guarded—ruptured, followed by a very large quantity of water. The pains increased in intensity until 10 o'clock P. M.; the emphysematous scalp protruding in a conical shape, and no progress, but increased suffering. We now became thoroughly convinced that it would be folly to further trust to nature, and madness—impossible—to attempt to perform craniotomy.

Owing to the insufficiency of light, and no attendants upon whom we could rely to assist, gave her a large dose of morphine, which produced comparative quiet until dawn, when the pains recommenced and increased in intensity until 6 o'clock A. M., when Dr. K., who was standing by her bedside, observed a sudden flushing of the face, with other unmistakable signs of puerperal eclampsia; he immediately called me, but before reaching her couch, a terrible convulsion ensued, which lasted for several minutes; she was immediately bled, chloroform given and fifteen drops of fluid extract of gelseminum administered as soon as deglutition was possible.

This, fortunately, was the last spasm. As soon as practicable, a lounge was placed near the bedside, upon which she was laid upon her back, when Dr. Knepper



promptly brought her fully under the influence of chloroform. I then made an abdominal incision from the umbilicus to the pubis, a little to the left of the lineæ alba. As soon as the uterus was fully exposed, a second incision was made its entire length, and a well-developed fœtus, weighing *nine* pounds, together with the secundines removed. I found some twisting force necessary to remove the head, owing to the tightness with which the scalp had been forced through the ring; indeed it had the appearance of a conical horn, more than two inches in length. The cavity was then carefully sponged out, the abdominal incision accurately closed with silver sutures, and she placed in a comfortable bed.

She soon came from under the influence of the anæsthetic. An opiate was then given and perfect quiet enjoined. No apparent shock to the nervous system being observed, we both returned to our homes, but again visited her about 4 o'clock P. M. She then, for the first time, learned that she had been operated upon; requested to see her infant, and was *very solicitous* to see it, and also have her brothers, sisters and other friends to see it. Her pulse continued good; her appetite fair, until Saturday noon, when, upon making our daily afternoon visit, we found her rapidly sinking, and then learned that her bed, bedding and personal apparel had been scrupulously changed by *officious* female friends, contrary to *imperative* orders and earnest *entreaties* of both of us. She not having an alarming symptom, and remaining as comfortable as ladies usually are after a natural labor, we think it fair to presume that her death was caused by the *kind, meddlesome interference of neighbors, who knew it all*. On Saturday evening, July 1, she died, without any apparent inflammatory symptoms, but rather of exhaustion. The treatment throughout consisted in emptying the bladder every six hours with the catheter, an occasional enema and anodynes, together with nutritious diet.

THE TREATMENT OF THE "CRIMINAL  
INSANE."\*

BY THAD. M. STEVENS, M. D., INDIANAPOLIS, IND.

Much has been written of late on the subject of insanity, and on that phase of the disease called "moral insanity," with its subdivision of "impulsive."

It is in connection with the latter that the question of the necessity of some degree of punishment, in certain cases, has been more fully brought out and portrayed. Formerly, all the insane were punished, if not as criminals, and in a retributive sense, still practically so. The old Bedlam was the scene of not only constant coercion and restraint, but positive and direct punishment.

Connelly arose, and a humane system was gradually adopted, but, like all fashions, was carried to extremes. The lash was justly banished; and so was the necessary "straight jacket." Under the guise of philanthropy a crusade was preached against the asylums or "mad houses," which the populace took up with a howl of indignation. Much of wrong was banished, and the good suffered with it. The treatment by love was held to be the only one allowable, this implying the disuse of all mechanical restraints.

It is not our purpose, however, merely to find fault with that which is open to censure, but to indicate a way in which some of the evils resulting from false views or mistaken judgment may be avoided. As before remarked, the many cases in which the plea of "impulsive insanity" has been urged in justification or extenuation of crime, with such bold effrontery and palpable falsity, has caused two questions to be asked, which must be answered. The first is: "What truth is there in the plea of insanity in any individual case?" and the second—granting the diagnosis to be correct,

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\* Reprinted from the Transactions of the Indiana State Medical Society, 1871.

and the plea sustained—"What degree of extenuation does it carry with it?" The last is the only one we shall attempt to consider; the answer to which ought at least to settle the question and the degree of punishment. Our views as regards the first question, as far as "impulsive insanity" is concerned, have been expressed in the January number of the *Indiana Journal of Medicine*, 1871.

We shall consider punishment of the criminal insane under the heads of retributive, reformatory, and exemplary; thus including what is necessary for prevention.

A great step in advance toward the truth was taken after the trial of Hatfield for shooting at George III. In consequence of Erskine's plea, the decision of the Privy Council that "the insane was irresponsible only when wholly devoid of memory and intelligence," was overthrown; but we fear the truth was overleaped, and the other extreme reached, where all the insane, whether general or partial, intellectually or morally—of every degree—were held to be equally irresponsible; the practical effect of which is to turn loose the unmistakably guilty, and acknowledged dangerous, upon society, and to encourage a boldness of criminality that would soon be appalling.

Let us examine a moment the reasoning which leads us to conclude that many of the criminal insane should rightly be subject to the various grades and modes of punishment mentioned. By the criminal insane, as above expressed, we must understand all those who have been guilty of acts accounted criminal, without reference to their responsibility; they may be wholly irresponsible, or only partially so, and yet be criminal in the sense mentioned.

We will not enter into any metaphysical discussion as to whether mind is a separate entity or dependent upon organization for its existence. The physiological, somatic, intermediate theories, have their advocates. We

will let them settle the question, if they can. Whatever may be the true relation or connection of soul and body, mind and matter, it is enough for our purpose to know that while physical organization dictates many of the manifestations of mind, making as it were, its actions in certain directions a fatality, yet something which we term mind does work, and we are influenced by its operations according to its freedom of choice. While the mental, without doubt, is dependent on the physical, the latter is as certainly affected by the activity of the former.

The higher orders of animals have to a certainty mind, not to the same extent as man, but still similar so far as it goes. The degree of the manifestation of mind, and its capability, varies in different animals. We know with what ease many of them can be taught, and that all the mind they have can be more or less influenced. It does not need alone the higher intelligence of man to respond to perturbing causes; the animal can either be improved in disposition or intelligence.

The same rule applies to children. Their minds, though built upon the same mould, are still undeveloped. How little mind does the yearling manifest, and yet how easily taught! An idiot almost in knowledge, its acts are, many of them, similar to the insane; but punishment deters, and promises encourage them to check or render more energetic the outward manifestations of undeveloped mind, and it is in fact by such means that in them mind advances toward perfection and the similitude of healthy manhood.

If, then, the insane, bereft in various degrees of the full exercise of mind, are to be debarred from the influencing and controlling power of reward and punishment, where is the philosophy to sustain such action? Let the mental faculties, or moral sense that they still possess, be exercised, and influences be brought to bear upon them, in the manner and proportion that we know is suitable to



beings like them, removed (though from other causes), from the standard normal human mind.

He who wholly lacks intelligence and moral sense, we of course need not expect to be affected by anything that we can do; and as long ago such were shielded from retributive punishment, so now that suitable for reform or example need not apply to them. In nearly all cases where delusions are plainly shown, the same rule should perhaps apply; but there are many cases where the intellect is more or less disturbed, where the knowledge of right and wrong, good and evil, remains; the two lower grades of punishment are applicable. Of course each case must be judged separately; no iron rule will apply to all, either to exempt them from or throw them within the pale of such means; but it is with those that are classed among and present the various phases of the morally insane, that even retributive punishment finds a place. Here the intellect, though it may be partially involved, still is in a great measure free; the mind has a certain power of choice left, and a large amount of knowledge. It can be controlled and influenced to a certain extent; hopes of reward and fear of punishment have their effect, and they should be used. It is for want of this truth being recognized and acted on, that causes the existence of moral insanity to be questioned and viewed with distrust by the honest and intelligent, who see it used to avoid all palpable responsibility from all punishment and control. It is no wonder that the whole theory is scouted, and viewed as a dodge of unprincipled or ignorant physicians and interested or scheming lawyers; indeed, in some cases, we fear it has come to this, and it will so continue to be used until a reaction takes place, and the extreme that we have just left shall again be reached. Some discrimination should be used, and each case considered on scientific principles; the grades of responsibility and

the degrees of punishment should be fully established and acted on.

In all the varieties of moral insanity, and especially that demoninated "impulsive," the difference between the *difficulty* and the *impossibility* of resisting emotional impulses has not been properly recognized. Each nation differs from its fellow in extent, force and peculiarity of both the rational and emotional powers of the mind; and so of individuals, one can not be the standard of another. If we were so to erect a standard of sanity, nine-tenths of the race, perforce, would be adjudged insane; that which would disturb one, excite or depress his emotions, would have no effect or a different one on another; as also one will comprehend a subject that another, equally intelligent, is befogged by. No line of demarcation can exist, and so no unvarying rule can apply to all. So it is with those whose minds deviate so far from the average that they pass the shadowy and indefinite boundary, and are termed abnormal or insane. He who has a knowledge of right and wrong, but who, either by reason of mal-education, lack of restraint, or actual disease, is so easily excited by ordinary or extraordinary occurrences as to make undue manifestations of such effect, should be closely watched and dealt with in a way similar in kind, at least, if not in degree, that we treat the one who, unrestrained by fear or principle, acts improperly, and contrary to the interests of society.

Destruction of responsibility, through morbid changes, should always exempt from punishment as such; while the various degrees of deviation, causing limited responsibility, should be regarded in the same light as the so called "palliating circumstances" recognized in law, and the degree of punishment or restraint should be graduated accordingly. We will give a few of the kind of cases that we deem suitable to be classed among the "partially responsible," and subject to some degree of

punishment. The first is a case recorded by Pinel, and referred to by nearly all authorities:

"An only son, educated by a silly and indulgent mother, was accustomed to give way to all his passions without restraint. As he grew up, the violence of his temper became quite uncontrollable, and he was constantly involved in quarrels and law-suits. If an animal offended him, he instantly killed it; yet when calm, he was quite reasonable, managed his large estate with propriety, and was even known to be beneficent to the poor. But, one day, provoked to rage by a woman who abused him, he threw her into a well. On his trial, so many witnesses deposed to the violence of his actions, that he was condemned to imprisonment in a mad house."

To say that this man ought not to have been punished—that no good could result from it to himself or, through example, to others—that he was insane to the degree of non-punishment—is simply to say that better education from infancy, and the influence of other surroundings could not improve or differently shape such minds and dispositions; such an assertion would be absurd, for there are many similar cases whose end has not and could not have been similar.

A second case may be found in Dr. Barlow's essay on "Man's power over himself to prevent or control insanity:" "The master of a parish workhouse, about thirty years of age, was subject frequently to groundless suspicions of peculations. Being naturally a taciturn and low-spirited man, these false accusations that involved his character, and consequently the maintenance of his family, preyed upon his mind, and a profound melancholy was the result, attended by the usual symptomatic derangements of the digestive functions, and a constant apprehension that he had done something wrong—he did not know what. He was removed to St. Luke's Hospital, whence, after a year had elapsed, he

was discharged incurable. He was now placed in a private receptacle for the insane, and here suffered all the misery which at that time pauper lunatics were subject to. He was visited at this place by a benevolent gentleman, who, seeing his state, immediately ordered him to be removed into the gentlemen's apartment, and paid for his maintenance there. In a few months afterward, he was visited by the clergyman of the parish, who, on conversing with him, considered him sane. The man begged to be allowed to rejoin his wife and family, and the rector, after many difficulties and some threats to the parish authorities, succeeded in setting him free. The man from that time was able to sustain his family by his trade of shoemaking; for, if ever a fit of melancholy came over him, a threat from his wife that he should be sent back to the mad house, was sufficient to engage him to make an effort to resume his cheerfulness, and he remained to an old age a sane man." In other words, he had seen enough of the mad house; a stronger impression would take possession of him, and his melancholy would vanish. If no such impression had been made and he had been permitted to indulge his morbid emotions without hindrance, is it not evident that the asylum would have been his constant abode, and his death that of an insane man?

Both of these cases are referred, and we think justly, to *inefficiency* and misdirection of the intellectual force. Unaccustomed to exercise control over their own emotions, the intellect, intact at first, loses its power of control, the mind gives way to the promptings of slight causes, extravagant manners are evinced, and crimes committed until checked through fear or the strong arm of force. There is a consciousness of guilt, though it may be faint.

All crimes are more or less contagious, especially upon minds such as those just cited; so that the harm does not stop with the original, and a chance or certainty of



escape, mingled perhaps with a knowledge of pity and sympathy expressed, leads to imitation by others; or, according to some inscrutable law of the human mind, the crime may become heroic and then epidemic.

To say that such cases should meet with undivided sympathy, and be encouraged by pronouncing them wholly irresponsible or not punishable, is simply absurd. The question is, what means are necessary to prevent such actions and directly punish the perpetrator? Many of the cases of so called insanity that we meet with and are proper subjects of the degree of punishment herein advocated, may be likened to the progressive effect of alcoholic liquors—the first few potations do but excite unduly the healthy brain, while more frequent indulgence produces this effect more easily, until the permanent condition consequent upon the effect becomes chronic alcoholism or dipsomania.

We certainly agree with Balfour Browne, who says: "In many of the relations of the morally insane to the State, they may, for all purposes of just governmental discipline, be regarded as sane, and in many respects must be treated as those in whom we can only discover moral turpitude."

And again, as stated by Hoffbauer, "humane and well devised punishment must follow all the misdemeanors of the morally insane; they must be made to feel that in certain matters subjugation to a dominant system is an inevitable necessity. The gradual formation of habit, above all things, is to be aimed at."

The manner in which the views above expressed can be practically carried out, is another and a very important question. We have not seen any suggestions upon the subject, nor have we thought of any means more suitable than the idea of central asylums, or special wards, in which to place those with reference to whose mental condition there are doubts, or are considered as being perverted by their own fault. The decision in

such cases should be upon the testimony of competent physicians, appointed by the courts, or better by the State. In this way, we would cause the plea of insanity to cease to be the refuge of the wholly villainous and cunning, or the partially insane, but responsible.

Before concluding, we would say that the plan pursued by the courts in cases where the plea of insanity is set up, of trying a case upon the facts presented, and admitting medical testimony on both sides, to establish or refute the plea, is fundamentally wrong. The true mode of procedure would be, we think, to decide from the evidence of competent experts, appointed and paid by the State, the degree of insanity, and determine the grade of "limited responsibility;" and then, if found guilty, let the accused be sent at once to some special ward or central asylum. It is not our purpose, however, to discuss the mode of procedure before the courts, a consideration of which would demand a separate paper.

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MR. EDITOR:—I am a graduate of the Indiana Medical College, and am proud of it. I am trying to sustain the honor of the profession by investigation and the legitimate practice of my profession.

There is a practitioner in this village who claims to be a graduate of Jefferson Medical College, but unfortunately for him, has nothing in the way of a diploma, or knowledge, as evidence of that fact. Says he left his diploma with his uncle, and assigns as a reason for not having it in his possession, the fear of successful transportation.

This would be M. D., is here prostituting his calling by inducing abortions. He committed this offense in his own house, of which I have personal knowledge. Pregnancy had advanced beyond the period of quicken-

ing. He used the trocar, for the purpose, as he said, "to open the water sacs." Delivery was effected, and the child bore marks of injuries inflicted. The nates being punctured and scarified, showing clearly the marks of the instrument.

Any old woman would have decided that the patient was pregnant. Whether ignorance or design led the doctor to commit this horrible deed, he should, in either view of the case, be held accountable to the law and public opinion.

There is much of this criminal business being done by members of the profession, by some, I am sorry to say, who occupy a much higher position than the individual referred to.

It is a disgrace to the profession and a great sin against God and humanity. The disgrace rests upon the entire profession. Upon the just as well as the unjust.

Let us publicly denounce this prostitution of our legitimate calling. If we remain silent we, in effect, countenance the abuse. This, and like cases, should meet with the rebuke they deserve, from the profession, and the recognition of those who execute the laws of the State.

JOHN C. DRIVER, M. D.

*Buena Vista, Ind.*

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## Proceedings of Societies.

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### MEETING OF THE NORTH-EASTERN INDIANA MEDICAL SOCIETY.

The meeting was held at La Grange, on Tuesday, Sept. 5th, 1871, H. D. Wood, M. D., presided.

The proceedings of the annual meeting, held June last, were read and approved.

The President delivered his inaugural address. He congratulated the members upon the prosperity of the Society, and urged the necessity of attending the meetings. He believed that by the exercise of a little foresight, the physician who had the advancement of medical science at heart could, with rare exception, be present. He stated that the object of these meetings was the elevation of the medical profession, and that the true physician could not afford to stand waiting and watching while others did the work. A nominal membership was not satisfactory; but a working membership was demanded. He suggested the appointment of a committee to examine those who wished to begin the study of medicine, and reject such as do not possess the requisite preliminary education. He believed this measure would insure more efficiency in the profession. He also suggested that a committee be appointed to report upon the character of the diseases prevailing in the counties comprising the Society.

Reporting cases was declared in order. Dr. C. A. White, reported several cases of diphtheria of a malignant type, which had been treated as "bilious attacks," by a quack. He also gave a history of the introduction a year ago, of diphtheria into the neighborhood east of South Milford. A family from Germany moved into the neighborhood; the children had contracted the disease in their passage across the ocean, and in two weeks after their arrival, diphtheria became prevalent among some school children who had visited the suffering strangers. He was positive that this was the origin of the disease in the neighborhood, and believed it was contagious.

Dr. D. W. C. Denny read a report of a case in which he and Dr. Knepper had performed the Cæsarean section. The operation was very creditable to the surgeons, and was, no doubt, the only possible hope for the pa-



tient. It was the opinion of all the members of the Society present, that prudence and courage alike had been displayed in the management of this case. The history of the case will be published in full in the *Indiana Journal of Medicine*.

Dr. Spaulding presented a patient for examination. Age twenty-one years—female—brown hair and eyes, healthy appearance. Two years ago an angry looking growth, about an inch in length and half an inch in width, presented itself immediately over the sternal end of the clavicle. It was twice removed with caustics, and now it has the appearance of a cicatrix resulting from a burn. She suffers occasionally from lancinating pains, though not extremely. There is no constitutional disturbance.

Dr. Parvin made the following remarks upon the case. In regard to its character he said: "The growth is malignant in one regard—its recurrence. It has twice been removed with caustics and has returned each time after a brief interval. In this respect it is analogous to cancer. But all recurrent growths are not cancers—e. g. —recurrent fibroid. Still further when we speak of malignant tumors, we mean not merely those which are liable to return after removal with knife or caustics, but whose tendency is to the destruction of the individual's life. I do not believe this is of that character. In my opinion it is a cheloid growth just such as is sometimes seen attacking the cicatrices of burns. As to treatment, I believe this ought to be removed by the knife—never by caustics—the removal, including not merely the growth, but sufficient of the contiguous tissue so as to insure that all the germs of the abnormal structure are eradicated. Mr. Moore, of Middlesex Hospital, in a paper published in the transactions of the Medical and Chirurgical Society of London, some two or three years since, shows that the early return of cancer in the breast, for example, is to be explained in many cases by the im-

perfect removal in an operation, of the disease, and in this case I think the removal ought to be complete beyond all peradventure. Now, there are two or three arguments in favor of an early operation—the tumor is an annoyance and source of anxiety to the patient; it may extend; and finally, is it not possible that while now a purely local disease, incapable of contaminating the constitution or imperilling the life, it may become a focus of irritation in which cancer may eventually occur? There is no question in my mind not only as to the propriety, but as to the importance of the early and complete removal of this growth, by the knife.”

A number of additional cases of interest were reported, after which Dr. Knepper read his excellent paper on office “Pharmacy.” It will be published in the *Indiana Journal of Medicine*.

The censors reported the following names for membership: J. N. Kenan, M. D., of Newberry; W. H. Short, M. D., of LaGrange; W. M. Ferguson, M. D., of Lexington. The report was adopted. Dr. Theophilus Parvin was elected a honorary member.

The discussion of Pneumonitis, and its complications, was now declared in order. The time was too limited to discuss the subject fully, but many short speeches were made and general interest prevailed. The “Antiphlogistic” treatment was unanimously condemned. Flint’s treatment was much extolled.

Drs. Dill, Spaulding and Ward, were appointed essayists for the next meeting. Insanity was the subject selected for the next meeting. On motion, the following committee was appointed to request the publication of the Medical evidence in the Jenques murder case; W. C. Williams, D. W. C. Denny, and Geo. W. Dayton.

Drs. Wood, Abell, and McNabb, were appointed a committee to report at the next meeting relative to the remuneration of medical witnesses. Adjourned until

eight o'clock, when Dr. C. A. White delivered an able address to a large and attentive audience, at the M. E. Church. His subject was: "The relation the Medical Profession sustains to the Public." The speech occupied about an hour, and was a "feast of reason," to all who had the pleasure of hearing it. On motion of Hon. A. Ellison, a vote of thanks was tendered the speaker on the part of the citizens of LaGrange. The society requested a copy of the speech, for publication.

Adjourned to meet at Ligonier the first Tuesday in December.

J. LORAIN GILBERT, Sec'y.

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## Editorial.

INDIANA MEDICAL COLLEGE.—This institution commenced its session upon the 17th of October, with a fair representation of students—numbering at present about eighty-three—although it is nominally a free school, in consequence of its arrangement with the State University, the energy of those engaged in teaching has not and we presume will not, decrease; rather the institution will receive a new impetus and stand upon a firmer base. The clinical advantages connected with and under the control of the school have increased greatly since last year. In addition to the facilities afforded by the City Hospital—thanks to its efficient and clear-headed board of trustees—a surplus has been furnished through the Bobbs Free Dispensary. Four clinics a week, with material sufficient, is as much as is afforded by any medical school, and no student hereafter will be at a loss to decide where to go in search of material for personal inspection.

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We notice that C. F. & W. H. Chandler, of the "School of Mines," Columbia College, East Forty-ninth street,

New York, have purchased of William Baldwin & Co. their interest in that valuable journal *The American Chemist*. This is, by far, the most voluminous journal devoted to chemical science in the United States, and as much as we value Dr. Nichols' *Boston Journal of Chemistry*, we can not do without the *American*.

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FOR SALE.—The residence and office fixtures of a physician, in a large town in Northern Indiana; an established practice of twenty-one years, worth \$4,000 a year (may be increased to \$5,000 if purchaser wishes), Churches, schools, and railroad facilities. Can be had for the money valued of the property; a good chance if applied for before the first of January next. Reasons for wishing to sell, the present occupant has made a competency and wishes to do something easier the balance of his days. Address Dr. Lyons, Huntington, Ind.

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### Miscellaneous.

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PROPYLAMIN IN RHEUMATISM OF THE UTERUS.—March 27th, 1871, was called to see Mrs. J., whom I found suffering severe pain in the region of the uterus. She had been previously afflicted with rheumatism in several parts of the body.

Extreme soreness and tenderness low down in the left iliac region accompanied the pain, and soon extended so as to embrace the region of the uterus. My diagnosis was rheumatism of the uterus.

Pulse 98, tongue dry, bowels much constipated, which difficulty I finally overcame by the use of pulv. jalap et sennæ comp. aided by enemata.

Prescribed tinct. gelseminum, gtt. 20 to 30 every two hours, when the pain was severe, with pulv. ipecac. et opii comp. at night. Partial but not entire relief followed this treatment, and every means in my knowledge



were employed, only to find the difficulty returning at intervals.

Nearly disgusted with the *materia medica* in such cases, anxious to find some means for permanent relief, and like a drowning man "catching at every straw," I noticed in the *Chicago Medical Times*, the experiments of John M. Gaston,\* with propylamin in rheumatism.

Procuring some of it, I administered it, and found that it gave relief.

The patient, since commencing to use it, has improved very fast and is now in better health than for years before. I make a note of this case in order that any one meeting with a similar one may give a trial to a remedy that has with me, given great satisfaction after all other means have failed.

A BULLET REMAINS IN THE BRAIN NINETEEN AND A HALF YEARS.—The *Journal of Psychological Medicine*, July, 1871, contains the following, which is taken originally from an Italian journal :

"Joseph Solor, a lawyer in Venice, was shot in a duel, June 16, 1850. The ball entered the head above the ear. Professor Cortesi saw the wound five hours afterwards. The patient was bled, and cold water was applied to the wound. On the 31st of August he was deemed convalescent. For a considerable time his memory was weak, and vision was somewhat disturbed. In time, however, these two disturbances disappeared; his mind became as clear and his judgment as good as ever. He now complained of nothing but a painful sensation in the back and in the lower extremities, especially in the right, which became more acute when he coughed, sneezed, etc., and extended to the head. He died of pneumonia, December 7, 1869. The autopsy displayed a funnel-shaped cicatrix above the right ear, and a notable

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\* Credit is due the *Indiana Journal of Medicine* for the first appearance of this article.

thickening of the skull. On the petrous portion of the temporal bone, and on the border of the tentorium, a dark body was found, which consisted of two pieces of lead, separated from each other by a splinter of bone. On raising the cerebellum, the finger could be thrust into a canal, which was in the brain-substance. At the end of this canal, which was ten centimetres in length and ran horizontally, another rough body was found, which proved to be a piece of bone two centimetres in length."—*Medical Times*.

COLORLESS "TINCTURE OF IODINE."—We have frequently been requested to publish a reliable formula for colorless tincture of iodine. Were we asked to cite an example of a white negro or a white black bird, we should consider the task easier. The color of iodine we have always supposed to be an essential and unalterable property of that substance, but many of its compounds form colorless solutions, which is all that ever was or ever can be attained in the way of colorless solutions of that agent. The so-called colorless tinctures of iodine are simply tinctures of iodides, the usual one being iodide of ammonium. This is made by adding successive portions of aqua ammonia to the common tincture of iodine until the color disappears, or, in other words, until all the iodine has entered into combination with the ammonia. A much more elegant and accurate method would be to at once dissolve the desired quantity of iodide of ammonium in dilute alcohol. This method will not only give a tincture free from any excess of ammonia or iodides, but will be found decidedly economical.

The addition of iodine to aqua ammonia occasions the formation of a black compound of a very explosive character when dry. This compound, believed to be the quadraiiodide of nitrogen ( $\text{NI}_4$ ), usually explodes, if perfectly dry, on the slightest touch or jar, with great vio-

lence, wherefore the makers of colorless tincture of iodine should be on their guard.—*Chicago Druggists' Price Current.*

GROWTH OF NAILS IN FRACTURES.—Dr. L. J. Nillien, of Effingham, Ill., in a report on surgery before the Æsculapian Society of the Wabash Valley, published in Cincinnati *Lancet and Observer*, reports some interesting facts in regard to the retardation of the growth of nails following the fracture of bones. His attention was first called to this in the case of a boy with a fractured humerus in 1866. The boy's finger nails were stained at the same time with dye. The nails of the sound arm continued growing, while those of the fractured limb were retarded until the fourteenth day. Since this time the doctor has continued his experiments as cases were offered, and consulting authors to find, if possible, anything on the subject; he found that Dr. Guenther, of Denmark, made mention of the nails as a sure means of recognizing the consolidation of fractured bones. The growth of the nail ceases as soon as a solution of continuity exists in the shaft of a bone; and in growing again after a time becomes a certain indication that the consolidation of the bone is taking place. The doctor considers that this sign is of great importance to all surgeons, especially in cases of pseudarthrosis, where direct and repeated examinations are often too prejudicial to the patient; also in cases of necrosis and in fractures of the neck of the femur. It would certainly be worth the while for physicians and surgeons to note this, to confirm, if possible, the doctor's statements, for, as he affirms, if true, it is a sign of great importance.—*Review of Medicine.*

TO ADMINISTER PILLS.—Some persons can swallow pills without any trouble, with others it is almost impossible. I have tried various ways to administer them

to such persons, and the following is the best plan I ever hit upon :

Put the pills under the tongue and behind the teeth and let the patient immediately take a large swallow of water, and he will neither feel the pill nor taste it. In fact he can't tell where it has gone, and I have seen them look about the floor to see if they had not dropped it.—*The Chicago Medical Times.*

**IODOFORM OINTMENT.**—In the Boston City Hospital, iodoform ointment, in connection with iodide of potassium, is extensively and successfully used in the treatment of syphilitic ulcers and rupia. Dr. William Inghalls, attending surgeon, advocates this formula in two obstinate cases under his care :

Iodoformi, 3 ss; Spts. vini. rect., q. s.; Adipis suillæ, 3 vijss.—*Boston Medical and Surgical Journal.*

**GONORRHEA CURED IN TWO DAYS.**—A writer in the *London Lancet* claims to cure gonorrhea and gleet in from two to six days, by injecting a solution of permanganate of potassa, five to ten or fifteen grains to an ounce of water. The injection is to be repeated at least four times a day. It causes no pain or inconvenience.—*Pacific Medical and Surgical Journal.*

**BONE FELON.**—As soon as the disease is felt, put directly over the spot a fly blister, about the size of your thumb nail, and let it remain for about six hours, at the expiration of which time, directly under the surface of the blister, may be seen the felon, which can instantly be taken out with the point of a needle or a lancet.—*Home and Health.*

**DEATH OF DR. HYDE SALTER.**—Dr. Salter, the well-known author, died very recently, at his home in London, at the age of forty-seven. He fell a victim to the disease on which he wrote so ably, and to which he had long been subject—asthma.



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## Original Communications.

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### CHLORAL.

BY N. H. CANADAY, M. D., KNIGHTSTOWN, IND.

Chloral is said to have been discovered by Liebig, in 1832, and has since been examined by Regnault, Kopp, Dumas, and others, in relation to its chemical properties, and is now regarded by many as a hypnotic superior to opium or any of its alkaloids.

It is made by passing chlorine into absolute alcohol, and is, when pure, a thin, oily, colorless fluid, with a specific gravity of 1.502, and boils at 202° F.

If a small quantity of water be added to chloral it crystallizes into a solid mass, the crystals of which are white and stellated. The mass thus formed is easily broken up into lumps of an unctuous feel, somewhat resembling camphor, and is the hydrate of chloral, the form in which it is used as a therapeutic agent, and is the substance alluded to in this paper whenever the word chloral is used.

It is not affected by any of the stronger acids; but if an alkali be added to a solution of the chloral hydrate

it splits up into chloroform and formic acid, which latter unites with the alkali; thus constituting the formate of the base.

This fact led Liebrieck, of Berlin, to believe that by the alkalinity of the blood, chloroform could be liberated in the system, and produce all the phenomena that are produced by the inhalation of that agent, which has since been pretty satisfactorily proven.

This medical philosopher instituted a series of experiments upon the lower animals, to prove the truth of his theory, which experiments also proved that the ganglionic cells of the brain were first affected, next the spinal marrow, and last of all those of the heart, and that when a fatal dose was given the animal died from paralysis of the heart.

The phenomena produced by chloral, he thinks, are identical with those produced by chloroform, and are due to chloroform liberated from the absolute chloral by the alkalinity of the blood.

The experiments of Dr. Richardson (*Medical Times and Gazette*, September 4, 1869), are confirmatory of Liebrieck's theory; he also subjected chloral to the action of fresh blood, and the result was the evolution of chloroform which was recognized by its odor and could be collected in a receiver.

Personne has also verified the truth of Liebrieck's theory, and has gone still further than Richardson, and states that he has demonstrated the presence of chloroform in the blood of dogs to which hydrate of chloral had been given.

But M. de Marquay (*London Lancet*, September 25 and October 9, 1869), states, from his experiments on the lower animals, that the physical effect of chloral is direct and not due to chloroform liberated, and that many of the phenomena of the former are unlike those of the latter; he grants, however, that hydrate of chloral is one of the most rapid and perfect hypnotics.

The first dose given to the human subject was administered by Liebrich to an insane man tormented with delirium and insomnia; he gave him about twenty-five grains, which produced four and a half hours tranquil sleep. To a case of melancholy he gave a dose of sixty grains which induced sixteen hours sleep. Later, Liebrich says that in every case he used it, the sleep was sound and usually occurred in five minutes after giving the medicine.

The late lamented Simpson says, that he has principally employed it as a hypnotic and anodyne. He thought that it would prove of great value in the practice of medicine, surgery and midwifery; in sufficient doses he found it as sure a producer of sleep and soother of pain as opium or any of its preparations. He says it is swifter in the induction of its narcotism, more tranquil in its action, and more prolonged in its effects than opium, without any of the after effects of that drug, such as constipation, nausea and vomiting, dry throat and tongue, thirst, impaired appetite, etc. He says the dose which he generally prescribed to an adult, as a hypnotic, is fifty or sixty grains, but twenty-five to thirty grains suffice in some patients. In one case of long standing sleeplessness, in which great doses of opium, Indian hemp, etc., had failed, one hundred and twenty grains failed to produce any effect. When used for its anodyne effects ten to twenty grains, frequently repeated, will suffice.

Most writers say that eighty grains is a safe dose, but in going above that there may be danger. Bricheteau and Bouchet say from seventy-five to ninety. Dr. Russel says that all the advantages of chloral hydrate may be obtained without any of the dangers, with twenty grain doses for adults and two grains for an infant eighteen months old, etc.

Dr. Stivers, of San Francisco, uses it in thirty grain doses.

Dr. Rodman, of the Western Lunatic Asylum, Kentucky, reports a case in the *American Practitioner*, for October, 1870, page 200, in which a patient took two hundred and seventy grains without any very dangerous symptoms being produced, although he slept for eighteen hours.

My experience with chloral hydrate only extends back to the commencement of the present year (1817), since which time my partner and I have used from fifteen to twenty ounces. I now give it to adults in thirty grain doses dissolved in a little water, and added to an ounce of simple syrup or syrup of tolu, and repeat every two hours, until the effect desired is obtained.

Our first case was that of a young lady twenty-two or three years old, who is subject to frequent attacks of neuralgia, sometimes attacking the breast, but generally the head, and then being confined to one temple, sometimes one and sometimes the other, the pain being excruciating—for the relief of which she resorts to full doses of morphine, which always relieved the pain, but leaves her with thirst, nausea, constipated bowels, and a day's confinement to bed as the result of a single dose. On the present occasion the pain was recurring every night, with tolerable regularity, and lasting until the turn of the night. We saw her at seven in the evening, when she was suffering severely; gave her thirty grains chloral hydrate in two ounces of sweetened water, and directed it to be repeated every two hours until she was relieved; in less than half an hour after the first dose, she was asleep and slept until morning, waking once or twice through the night. Next morning she was free from pain and up, feeling quite comfortable; took quinine through the day and had no more trouble that time.

Second case: A gentleman, between forty-five and fifty, has been subject to sick-headache for many years, has an attack at irregular intervals, from two weeks to two months; comes on rather gradually—first an uneasy



feeling in the head—which in the course of from six to twelve hours develops into severe pain in one temple and side of the head, attended with nausea and vomiting, the pain being so intense as to make him delirious; has been subjected to all kinds of treatment—blistered, mercurialized, vomited, cinchonized, etc.—but has only found relief in large doses of morphine, which leaves him unable to be up any next day after taking it. On the present occasion he felt it coming on as usual. When he applied at the office for medicine it was dark; gave him forty grains of chloral dissolved in two drachms of water, to take half of it in an ounce of syrup, and repeat if necessary in two hours; in two hours after taking the first dose he felt comfortable, but fearing a return of the pain he took the rest of the medicine and slept soundly till morning, when he woke free from headache, ate a hearty breakfast and pursued his avocations as usual.

Third case: B. F. N.; delirium tremens. I have waited on this patient several times before in like attacks; have given him large doses of morphine, which failed to induce sleep, but appeared to make him wilder; have given him large doses of capsicum (having seen it recommended in one of the journals), but without effect; have also given hyoscyamus, lupulin, Indian hemp, digitalis, etc., all without apparent benefit. On the present occasion he has been two nights without sleep, is wild, sees all manner of unseemly objects, in fact, is a pitiable object himself; gave chloral, grs. xxx., to be repeated every two hours until he sleeps, or until he is visited again; if he gets to sleep leave off medicine until he wakes of his own accord, when it is to be repeated; after the third dose he slept several hours, when he took another dose and was soon asleep again; from this time he took it occasionally for a couple of days longer, when he was free from all hallucinations.

A lady of nervous temperament, aged about thirty,

was attacked with remittent fever, complicated with gastric irritability; had incessant nausea and retching. Quinine, from idiosyncrasy, always vomited her. I spent two days and nights trying to give her quinine enough to break it up; after trying different forms and plans to give it by the stomach, without avail, I tried it per rectum; the second dose produced severe purging, and the third, combined with half a grain of morphine, increased the purging, with tenesmus and bloody mucous discharges. I then tried it by the hypodermic injection, but that looked to me like too slow a way, not being able to give more than three or four grains at a time, and being somewhat afraid of producing troublesome sores by repeating and introducing it in so many places; and the case getting worse so rapidly, the patient having slept none scarcely for two nights and becoming wild for want of sleep, she being kept awake by the incessant nausea. I felt somewhat disconcerted about the case, when, in order to procure sleep, if possible, I gave her thirty grains of chloral, wetting her face, neck and breast constantly with ice water, and had an attendant to fan her—she retained it. In five minutes she said she felt better at the stomach, when she began to talk freely, as one does when they begin to go under the influence of chloroform; she talked on for about ten minutes very lively, said she felt perfectly easy, but appeared to be intoxicated. In a little less than fifteen minutes she was asleep and slept several hours, when she awoke feeling some nausea, and took thirty grains more; soon fell asleep again and slept till morning. She was worse every other day, and this being her last day, I was very anxious to get her under the influence of quinine during the day. I gave her ten grains of quinine and thirty-five of chloral dissolved in some syrup, probably an ounce or a little more, and by wetting the face and fanning—she retained it. It produced the same exhilarating effect for about ten minutes, when she fell

asleep again; the dose was repeated at twelve o'clock noon, and at seven in the evening, and at about one in the night—she got thirty-five grains of chloral without the quinine and had a very good night's sleep, felt refreshed and took a little nourishment. This being her bad day again, I felt a little anxious about her, notwithstanding she had retained thirty grains of quinine during the last twenty-four hours. I now gave her forty grains of chloral with twenty grains of quinine (weighed), and resorted to the ice water and fanning, by which means it was retained. She soon slept and in a short time was perspiring nicely. In the afternoon she could not hear common conversation at all and it was with difficulty that she could be made to hear anything. All medicine was now left off; she had no more fever but improved slowly until she got quite well. I have used it in quite a number of similar cases since, with the happiest effect, always allaying the nausea.

A child, eleven months old, had colitis in the early part of the summer, with frequent relapses since—was enfeebled and emaciated—took measles, attended with an incessant cough, which harrassed it day and night, preventing sleep. It took one and a half grains of chloral every two hours, in simple syrup, for a week, which kept the cough quieted. If it was left off for a few hours over the time, the cough would become very harassing, but on giving the chloral again it was soon relieved. After continuing it for a week or more it was afterwards given occasionally, as the cough seemed to require. I have used it in several cases of bronchorrhœ with the effect, apparently, of relieving cough and drying up the secretion; have given it to small children in grain doses frequently repeated, for colic, restlessness, etc., and find it the best soothing syrup that I have ever used. One babe, seven months old, had a chill and was threatened with convulsions, had had convulsions on a former occasion; at present head hot, appears to be



flighty, with occasional oscillations of the eyeballs, startings, etc. Gave two grains of chloral, afterwards one grain every hour, and applied cold water to the head, which, after a few doses, quieted it, and it slept calm.

I gave it to an old lady suffering from neuralgia—it was given in fifteen grain doses every two hours, which relieved the pain but did not induce sleep; increased it to twenty grains, when in a few minutes she said she was drunk, and talked incoherently, as though she was actually intoxicated. I asked her to quit talking and go to sleep, when she replied she didn't want to go to sleep, for she was put to sleep once and did not wake up for twenty-four hours. The fact was, she was afraid to go to sleep for fear she would never wake up in this vain world again. She was trying to keep awake and asked her daughter to keep her awake. I did not see her again, as she was under the care of another physician, who afterwards gave her thirty-five grains at a dose which produced quiet sleep.

I have only used it in one case of labor, a primipara aged twenty-seven or eight, of a nervo-bilious temperament.

At ten o'clock A. M. Has had pains all last night and this morning, is now very nervous, talks at random, throws herself about when the pain comes on, and moans; does not appear to be in her right mind.

Os pretty well dilated, waters drained off, parts cool and moist, presentation natural, first position. Gave her thirty-five grains of chloral, which quieted her very much, and in an hour and a half gave fifty-five grains more, after which she was quiet and slept between the pains, but waked up whenever the pain came on, and would hold her breath and bear to the pains. Soon as the pain was off she would lapse into a doze again. The labor went on natural enough, the chloral not seeming to interfere with the pains in the least; she was kept



under its influence for eight hours when labor terminated.

A little girl, eleven or twelve years old, got her hand caught in a cracker machine, which lacerated it fearfully—the palm having three extensive lacerations which required the use of sutures to keep them in place. She made a great deal of complaint of pain. After washing the hand off, we gave her, by estimation, ten grains of chloral, probably more, and in a short time proceeded to apply the stitches, she making very little complaint of the pain from them. Afterward whenever the hand pained her she got a dose of ten or twelve grains, which kept it comfortable until it was well.

A little boy three years old, has asthma, can't lie down on account of difficulty of breathing; slept none last night, was nursed and carried in his parents arms all night. Now (ten o'clock A. M.), his breathing is very labored, countenance anxious and dusky, appears to be almost asphyxiated. Gave him fifteen grains of chloral, by estimation, and went across the street to see another patient; returned in an hour, found him asleep and breathing much easier. We left him some powders of pepsin and bismuth on account of indigestion, to be taken every four hours, with from eight to ten grains of chloral half way between, unless he should be hard to awaken, in which case leave it off. Next day he was breathing much better, and was running around in a few days.

A young man, seventeen years old, is subject to asthma, an attack generally lasts him from three to four days—is worse late in the evening and night—is unable to lie down for two or three nights at a time. On the present occasion upon the second night of the attack he took twenty grains of chloral, and repeated in two hours, after which his breathing was easier and he slept the rest of the night, waking up occasionally but soon falling asleep again.

A gentleman, subject to attacks of nephritic colic, which lasts him from a few hours to two days, while suffering from a very severe attack took forty grains of chloral and repeated it in two hours and afterward less frequently, which so far annulled the pain as to rob it of all torture, until the gravel had reached the bladder.

A few times it has been vomited, but I have thought it was in consequence of not being sufficiently diluted. It is very soluble, thirty grains dissolving in forty of water. A very pleasant vehicle is the syrup of tolu. Dissolve the chloral in a little water and add an ounce of syrup tolu for a dose, etc. It should not be dissolved long before giving it, as the solution is said to deteriorate. I have not found it to nauseate nor irritate the bowels.

It should be pure, and a pretty good test of its purity and one that is always convenient, is "a concentrated solution of potassa," as a reactive; if the hydrate of chloral is pure it gives the potassa solution a very slight clear yellow tinge, giving off at the same time a well-marked odor of chloroform, the solution remaining almost colorless; if, in disengaging the vapors of chloroform, it assumes a brown color the article is impure.

In all cases in which I have given it, except the old lady, it has induced sleep in from ten to thirty minutes, and in her case, after the dose was increased, it produced sleep in about the same time.

Bricheteau and Bouchet, whose experience has been large and varied, arrived at the following conclusions:

That it is a powerful sedative to the motor and sensory nervous system.

If the hydrate is not pure, there may be no effect at all, or a dangerous one.

The maximum dose for adults should not be above from seventy-five to ninety grains.

The solution should not be made long before using, otherwise it may change or become inert.

The administration may be made by the mouth or rectum, but it is not safe to be used hypodermically, sometimes giving rise to formidable eschars.

Arterial tension is increased and the frequency of the pulse diminished by its use.

It rarely causes vomiting and never purges; perspiration is lessened.

The action of chloral is that of chloroform, but it is longer in being produced and lasts longer.

In some subjects it gives rise to an intoxication similar to that of alcohol.

It is the prime anæsthetic administered by the stomach, and may be used to relieve the violent pains of gout, nephritic colic, dental caries, burns, and the pangs of natural labor, and to combat puerperal eclampsia.

In London practice it is said to be used in immense quantities. Dr. Dobell says that in almost every case to which he is called in consultation, that whatever else may have been employed or neglected, chloral has certainly been administered.

Baron Paul Von Seydewitz read a paper recently to the Obstetrical Society, London, in which, after a brief account of its properties and therapeutic applications as detailed by writers, he reported two cases of eclampsia, in which it had been used successfully.

In the Cincinnati *Lancet and Observer* for February, 1870, p. 96, we have the report of four cases of chorea, severe form, treated with chloral alone, with the best of results.

Dr. Russel reports a case of chorea in the *Medical Times and Gazette* for January 6, 1870, in which, after other treatment had failed, chloral was given successfully.

Dr. Sympsen, in the same journal, adds his testimony in favor of chloral in chorea.

Dr. Dacosta has been disappointed in realizing any good from its use in chorea.

Dr. Newman, of Washington City, D. C., has prescribed it very frequently, and has been highly pleased with its effects. His first case was delirium tremens, in which it acted so admirably that he was induced to try it further. He speaks very favorably of it in all nervous diseases, such as sleeplessness, neuralgia, lumbago, dysmenorrhœa, colic, threatened abortion, and to control violent actions of the heart in fevers.

Gentlemen, to avoid wearying your patience further with quotations, let me just add that we find numerous reports, scattered through the various journals, where chloral has been used with the best of results to ease pain and produce sleep, in a great variety of diseases. And again, we have the reports of its failing in a good many instances, which, in part at least, may be owing to idiosyncrasy on the part of the patient, or to the use of an impure article, or the want of a proper discrimination in the adaptation of the medicine to the case. We are informed by those who have had much experience with it, that there is a greater difference in the susceptibility to the effects of this agent than to those of ordinary narcotics, and that the condition of the patient has more to do with its action than the age; that those who are feeble and weak, no difference from what cause, are more easily affected and require a smaller dose; and in those diseases and conditions of systems in which there is a very great degree of alkalinity of blood the dose should be small.



## INTRODUCTORY LECTURE,

*To the Course of Medical Jurisprudence, Toxicology  
and Analytic Chemistry before the Indiana  
Medical College.*

BY THAD. M. STEVENS, M. D.

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In treating the subject of Medical Jurisprudence, divisions have been adopted. Dr. Gordon Smith arranged it: 1st. Questions that regard the extinction of life. 2d. From injury done to the person, not leading to extinction of life. 3d. Disqualifications for the discharge of social and civil duties.

Perhaps a better one would be to discuss each head separately and independently, for it is in this way it comes before the legal tribunal; or, in part, that we entertained it at all.

For example, the subject of poisoning will be noticed in all its bearings. The mode of examination, whether suicidal, homicidal or accidental, etc., etc.

If written out, it would present the form of detracted essays.

## TOXICOLOGY.

That part of Medical Jurisprudence included under the term "Toxicology" is an important one, and indeed by some, is disposed to be exalted into a distinct branch of medical science, at least in its considerations. It is in part, however, to be considered in connection with the *general* subject of Medical Jurisprudence.

Toxicology means "a conversation about poisons." The definitions of the term poison have been various. Orfilo says, "The term poison may and ought to be given to any substance which, taken internally, or applied to the bodies of men or animals, destroy health or annihilate life by reason of its nature." All substances which deserved the name lose or acquire according to certain

external circumstances, their poisonous properties. Poisons constitute, in a medico-legal point of view, one course of violent death, and ought to be studied the same as wounds, etc., and they are, in fact, the same as a weapon that inflicts the wound.

As legal medicine is called to determine the cause of every violent death, it ought to search for the fact of the poisoning, and occupy itself with the *poison* secondarily.

Rules with reference to toxicological examinations are not more certain than other rules upon other medical subjects. We shall see that numerous circumstances, unforeseen by us, will come in to vary and confuse these rules. The elimination of poisons, their disappearance by expulsions, the marking of symptoms and tests by associated derangement or by foreign matter other than the poisons, all have their share in rendering the issues uncertain and the test obscure.

Still, with great care and assiduous practice, we can *generally* arrive at a satisfactory conclusion as to probable presence of a poisonous substance and the share it has exercised in the obnoxious results.

We shall consider the subject generally as to symptoms, effects, etc., also take up some of the principal and most common poisons considered in their medico-legal sense, and examine them separately.

#### INSANITY.

The study of insanity, gentlemen, is one of the most important parts of of medical science, considered both as an abnormal condition of part of the constitutions of men, with symptoms and cause to be investigated, and remedial means to be used, and in its medico-legal relations, in civil and criminal cases.

Insanity, a condition in which the intellectual faculties or moral sentiments, or animal propensities, any one or all of them, have their free action destroyed by disease, whether congenital or acquired.

Again: "Mental health" consists in that state in

which the will is free and in which it can exercise its empire without any obstacle; any condition different from this is a *disease of the mind*. If we ask what is *will*? It is a moral faculty or condition which originates, directs, prevents, or modifies, the physical and moral acts which are submitted to it."

Definitions are not the most satisfactory; *descriptions* are more so. We may define *anger*, but each one would use different words, still, when exhibited before them, all would admit that *this* was anger, however we might define it. So with insanity.

Insanity has appeared in all ages and among all races of people. Some circumstances, however, favor its appearance, so that at certain periods and among certain classes or nations we find it oftener than among others.

Civilization seems, as a general rule, to favor the liability to mental diseases. So that it remains to pick out where civilization is developed the most to ascertain the more frequent haunts (*other things being equal*) of insanity.

Among the ancients, civilization certainly had not advanced to that point which we observe it even among the early moderns.

Among the Greeks and Romans we find the heroes making their own houses and performing manual labor of different kinds, but reading and writing was confined to the few, the great mass of the people wanted *mental culture*.

The moral struggles, mental anxiety, and religious perplexity, so common to us moderns, we firmly believe to be one great cause of derangement of mind was not, we think, so common then as now.

Still, examples of insanity, with reference to that diseased condition, was not uncommon among them.

Perhaps the earliest reference to such a state is the description by Homer of the feigned insanity of *Ulysses*, or else the madness of Saul.

Ulysses and Ajax disputed about the arms of Achilles ; they were awarded to the former. Ajax was seized with madness, and under the hallucination that a flock of sheep were men, he slaughtered them. It was a temporary, acute attack, and upon recovery mourned his acts.

Orestes was mad.

*Electres*—"Alas, my brother! mildly rolled his eyes ; they so quickly changed, the frantic fit returns."

*Orestes*—"Oh, my mother! do not set thy furies on me. See how their fiery eye-balls roll in blood, and wreathed snakes hiss in their horrid hair! There, there they stand, ready to leap upon me."

*Electres*—"Rest thee, poor brother, rest thee upon thy bed. Thou seest them not, 'tis fancy's coinage all."

*Orestes*—"Oh, Phebus! they will kill me, their dire forms, their gorgon visaged ministers of hell!"

*Electres*—"Thus will I hold thee, 'round thee though mine arms, and check the untried force of thy wild starts."

*Orestes*—"Up, let me go! I know thee who thou art ; one of the furies, and thou grapplest with me to whirl me into Tartarus ; avaunt!"

If we do not believe in Orestes, yet we must believe that the writer describes a reality. Illusions and hallucinations being the typical element.

"The heaven-inspired Cassandra" was regarded as insane, and so confined. Plato speaks of the connection between divinations and insanity. Indeed, the Prophetess of Delphi and Priestess of Dodona were held by Plato as *mad*, and to have done service to Greece when thus, although of no account when the paroxysm was off.

It is true that these paroxysms were held by other minds to be due to *animal magnetism*, and by others to the effect of intoxicating gases, but whatever the *real* cause, it shows that *madness* was well known in its manifestations, etc., by Plato.



Says Plato : " We must admit that the disease of the soul is folly, or a privation of intellect, and that there are two kinds of folly—the one madness, the other ignorance." Whatever passions, therefore, a person experiences, that induces either of them, must be called a disease. Excessive pleasure or pain, however, are what we should deem the greatest disease of the soul ; for when a man is over-elevated with joy, or unduly depressed with grief, and so hastens immediately either to retain the one or fly from the other, he can neither perceive nor hear anything properly, but is agitated with fury, and very little capable of exercising his reasoning faculties."

He holds that no one is naturally bad, but is so because of a certain habit of body and an ill-governed education.

Again : " There are two kinds of madness ; one from disease, the other from deviations from established customs."

Throughout the Mosaic law the probable occurrence of madness is not recognized, nor any example narrated in the historical part. Josephus speaks of Solomon exorcising demons, and relates an instance of a certain man, who, by means of a ring and a root, issued by Solomon, had a *demon* driven from his nostrils !

Hippocrates (about the 5th era before Christ) recognizes the influences of the seasons ; in spring he places maniacal, melancholic and epileptic disorders, also the influence of the supervention of some other diseases, he says, " If a fright or despondency lasts for a long time, it is a melancholic affection."

He gives his views as the cerebral physiology and pathology of insanity : " Men ought to know that from the brain comes joy, despondency, lamentations," and by this we acquire wisdom and knowledge, and see, and hear, and know what is foul and fair, etc., etc. " We may become *mad* by *humidity* of the brain, because when it is moist it is put into motion, and then neither

the sight or hearing can be at rest, nor the tongue speak in accordance with sight or hearing." The depravations, he thinks, comes from *bile* and *phlegm*, and those who are mad from the *first* are vociferous and doing something improper. Those from the last are quiet and do not cry out.

He relates a case fully recognizing the connection of melancholic with suppressions of the menses.

#### EFFECT OF CIVILIZATION.

As to the question, whether barbarous or civilized man is more liable to fall a victim to mental disease? There are two points to investigate:

1st. Are the causes of insanity more frequent among the moderns than the ancients?

2d. Are there (from statistical data) found to be more actual insane?

Tuck says: "Civilization, with its attendant knowledge and education, creates social conditions and offers prizes dependent upon intense intellectual competition unparalleled in former times." This is admitted.

Again: "The sensibility of emotions, and activity of feeling, which is peculiar to civilized life, a species of intoxication, which favors mental disorder."

"The emotions, independent of the intellectual powers, are over-tasked."

Dr. Rusk, speaking of modern society, says, "It is a bedlam which injustice, avarice, pride, vanity, and ambition, have filled with inhabitants."

It is admitted that among the North American Indians, the African tribes, the Hindoos and Chinese, and the South Sea Islanders, *insanity* is of comparative unfrequent occurrence.

In short, we may conclude that the cause of insanity among the moderns, such as increased susceptibility of emotions to slight impressions, the abuse of stimulants, and the over-work of the brain, all producing an excitement of the moral sentiment, the lower propensities

and intellectual faculties unknown to savage life, and thereby greatly favored the derangement of the mind, or insanity.

A true civilization, if ever we can arrive at it, no doubt, would produce different results, for it would exactly temper the force of the emotions and banish intemperance.

#### CONDITIONS OF INSANE.

As to the condition of the insane in modern times we shall but say, that whereas, formerly, if attended to at all, they were treated with what we would now term cruelty and more like beasts, that now all the care which it is capable of bestowing is given them, and although it is a knotty subject, both to understand and to treat, still much has been done both in ameliorating their conditions and in curing the *cureable*.

The medico-legal relations of insanity, gentlemen, will occupy our attention hereafter, and you will find that it follows the same rule as other subjects of human knowledge—difficulty of confinement to definitions and the necessity of investigating all attendant circumstances, and in accordance with general principles.

This has always been a knotty subject. Courts and juries, unaided by medical testimony, have always been able to diagnose a case of “raving madness,” of confirmed idiocy, or dementia, and no one, even the most illiterate, have even advocated any civil or criminal responsibility. But it is in those cases, upon the dividing line between sanity and insanity, where physiological is passing into pathological action, that the difficulty occurs. Many cases might be cited in illustration of the truth of this assertion, that ill-defined and undigested views are the rule in cases where insanity is considered in a medico-legal sense, the cause and remedy of which, at least as it presents to our mind, will be given you before we are through the present course.

To understand correctly the medico-legal relationship

of insanity, we must first be posted with regard to the physiology of the mind, or brain, if you please, the influence of climate, occupation, etc., in their moral and physical aspects, the laws as to the influence of the minds of both parents upon their offspring, hereditary nature of mental and physical qualities, effect of deficient education. In a word, medical sycology must be your study.

#### IMPORTANCE OF—AND CONCLUSION.

The importance of this branch of medical science can be seen and appreciated by all, if they will but consider it a moment. It is true it has been sadly neglected, the for more *practical* branches, as they are termed, of anatomy, physiology, pathology, practice of medicine and surgery, etc., etc. These are purely *medical*; with them we may *treat* disease, make a living, and benefit others to a certain degree. They are honorable, they are indispensable.

But let us go where the mere physician, confining himself to these practical branches, can not go. Death stops *him*. His powers and skill are of no avail, when the vital spark has ceased to vivify the *material* frame. His pills and lotions are worthless; his probe and knife are no longer remedial means, but are used only to teach him how better to deal with the still living.

But the legal and sycological knowledge, which all who understands this more erudite branch of medical science must have, enables us to throw light upon subjects which interests deeply the social relationship of men, and which, without our help, would remain in darkness—through our search into the causes of violent death, accidents are brought to light, suicide detected, and homicides criminated. It is said, "Dead men tell no tales;" nor would they, in many cases, if not for the assistance of medico-legal investigations, and though much is to be found fault with here, and much improvement needed, still how often the knife or the bludgeon of the assailant, the poison of the stealthy murderer, or



the vile simulations of the expert in crime, who seeks to cover up his tracks by disguising the *mode* of death, been unerringly referred to and traced by the patient, minute, and skillful search of the medical man, well versed in the knowledge of this higher branch of medical lore, and with wits sharpened by minute and patient inquiry, he has, as it were, a scent as acute as the bloodhound that tracked the Indian in early Spanish times, or the fugitive of the South in later days.

If many cases of medico-legal investigations are botched and slighted, and results in naught but casting a blot upon the profession and upon the science itself, the result is due to various cause which could be, and which we hope will be, abolished hereafter, and it is for you, gentlemen, to lend your aid, after a thorough examination and study of the subject, in removing the burdens.

1st. We have ignorance in our own ranks to contend with. Neglected as this branch of knowledge has been, it is not astonishing that the student of medicine goes forth into active life, with this portion of his war equipment defective. The double-edged sword, that cuts either way and cleaves between the "joints and the marrow," and lays bare even the thoughts and secret intent of his fellow, has never, or at least, too seldom, been placed in his grasp. While other parts, of his body has been clothed by the armor of anatomy, physiology, practice, etc., etc., the vizier, so to speak, has never been added to his helmet, thus giving all a chance to read *his* countenance, and aim their weapons at the organs of the most vital importance in investigations, while he, blinded by the cloud of missiles, can but close his eyes and wander blindly on. This state of affairs, we hope, will be remedied by *your* patient and diligent attention to and study of the subjects, which it will be our duty and privilege to present to you this winter.

2d. We have difficulties to contend with in the shape

of defective legal enactment and arrangements, whereby impediments are cast in the way of proper medico-legal investigations. Where this cause operates, all our knowledge and care avails us nothing. It becomes, therefore, your duty to help remove *this* obstruction. As long as we have non-medical men as coroners, we can not expect that cases will be properly investigated, or that facts will be elicited in that clear and methodic manner, which is absolutely necessary to carry through the whole case in a scientific and satisfactory manner.

3d. Again, if we get our case worked up through all difficulties and disadvantages and go with it into court, what do we find there? Jurors who, either ignorant or learned, it matters not, for it depends upon and is inseparable from the pernicious system now in vogue, are led by lawyers, who will bully you, and pass you through a cross-examination, which, at the best, is as a purgatorial fire, but which, as now conducted, appears more like the real hell itself, who bind you down to certain prescribed rules, which, if indeed, were adhered to in all cases, would render nugatory your opinions; who pits you against opposing physicians, called by the opposite side, thereby rendering the examinations a struggle for victory, or at least self preservation, instead of the candid unveiling of truth and the impartial array of scientific facts. Such are some of the annoyances, the hindrances, the absolute losses to the working out of practical good, which we meet with and which are unavoidable, at present, in a court of justice.

4th. Circumstances which modify abnormal manifestations, the action of remedies or the healing powers of nature, interfere with the presumed results of our practice at every step—we may instance hereditary transmissions, age, sex, temperament, etc. The principle of hereditary descent, of peculiarity of body, structure and function extend to every part and organ of the body, and in each case we treat we must, and do, take

into account, *as far as they can be ascertained*, their existence and their perturbing influences. In any two cases of the same disease we may find ourselves forced to vary remedial means in consequence of this hereditary peculiarity, and where we have failed to ascertain it we find that the remedies taught by general experience to be applicable to such abnormal conditions, fail in our hands or act destructively upon the patient's organism. No man so skilled but may be frustrated or defeated by this often hidden obstacle. The same is true as to temperament—in sanguine and nervous temperaments we must vary our means and modify our remedies, and so of the others.

In youth and old age nothing is more palpable, than that the condition of the body, in parts and as a whole, varies to a vast extent, and that it is the best evidence of the want of skill, to administer medicine or employ means for relief in one of those stages of life that experience—the great teacher—has found beneficial in the other, at least without great modification; the same is true with sex, etc., as is certainly known even by the tyro.

Let me drop a thought here for your consideration, that the term experience which we use so much, and upon which our practice is thought to be almost universally based, is often confounded with analogy or conjecture. If it were not for these various modifications—circumstances which we have noticed—then it no doubt would be true that the practice of medicine would be identical with any mechanical art, where certain results always follow certain processes. But take a man sick and treat him, experience is the knowledge we gain as to active processes taking place in that particular case. Let us be called to another, whose disease we diagnosis without trouble as the same as that of the former patient, but the man himself presents, either in his system or in the circumstances surrounding him, something

which we would class among those "modifying circumstances" spoken of. We go to work in the same way—guided by the light of experience—as we did in the first case. Failure is the result of adherence to certain undeviating rules and we are brought to see that the two cases were only *similar* not *identical*, and that true "experience" ought not to be our guide, but "analogy" should be our monitor.

In fact, gentlemen, as far as any two cases are *identical* there we may follow experience, but as far as they differ in any respect, "analogy," in many cases degenerating into "conjecture," is what we should work by.

Nothing shows more clearly than this the stumbling-block, not only of physicians but of lawyers and courts, who misconstrue the status of medical experience, imagine that the same means found to act beneficially or hurtfully in a certain disease in a given case is the only and true means to be applied, without modification, in any other example of that same disease.

#### SPECIALISMS.

The principle that a physician should be judged and held liable to the extent of knowledge he has as to received doctrines of the profession, upon any particular subject, directs our attention at once to the subject of specialism in medicine, for he who is not specially acquainted with a subject can not know *what* is received or held by those who are acquainted, and although, perhaps, there always will, and ought to be, general practitioners, who are expected to be versed in the common and general diseases of the country, still, as in the absence of "experts," they are forced to treat uncommon diseases, and surgery as well, for any error in diagnosis and treatment of which they are held liable for damages. It is certainly improper and unjust to place a hindrance in the way of those who wish to devote their attention to any special branch of medicine. Let



them increase and multiply and then let them be held accountable. It would take the burden off the general practitioner, raise the standard of medicine, benefit the public, as an increase of knowledge and skill necessarily must, and do much to banish suits of mal-practice. The time is coming, and is now at hand, when there will be a change of public sentiment among physicians upon this subject and some change be made in the national code of ethics, for that certainly, as it stands now, discourages specialisms. I know that the quack would avail himself of every change, but certainly there can be a proper recognition of a true principle without abnegation of the dignity or the good of the profession.

#### SUITS TO BE DISCOURAGED.

The same principle that a physician should be judged and held liable for an average degree of skill, *according to the chances he has had of gaining knowledge*, calls loudly upon every one of us to discourage, as we may, any suit of mal-practice, whether it be against a regular or educated physician or the most humble of those that the law recognizes as belonging to the profession, for how can any one know that the means of study of which is denied him; if he avails himself of it, he does so at his peril. And shall we make that knowledge a requirement when we thus take away the chance of gaining it? And yet this is the position of the profession and the law at this day, for the law says: "Thou shalt have skill and diligence, with thy skill anatomy and physiology shall be required of thee as well as that which experience at the bedside teaches;" but while this is one mandate, upon the other hand not only is the sepulchre a holy place, the desecration of which shall be punished to the full extent of legal enactment, but the body of those, who, without friends to mourn or be touched with their fate, what ever that might be, are carefully guarded, that the polluting hand of science shall not infringe

upon their dead rights. Nay, even the criminal, whose body would be honored with the touch of the scapel, and by the use of whose carcass the mysterious ways of Providence, that bringeth good from evil, might be manifested, are laid away in the grave to rest like a tender infant, guarded by argus eyes from the vandal "doctor."

Gentlemen, no suit for mal-practice should receive our sanction or moral support, while the foolish bearing of the "common law" remains in force, unaltered by statutory enactments. I care not how humble, how ignorant, nor how criminal in his ignorance the physician, *according to law*, may be, for first, it is unjust to require more of him than he is permitted to learn; and second, it is unmanly.

Gentlemen, the law corrals, as it were, the profession, throwing open the doors wide and inviting all to enter the enclosure, tempted by allurements offered, they rush in with their eyes fixed on the goal beyond, but a barrier has been erected, and anon the doors are closed behind; they are required to advance, but can not; to retire, they find no way; the trap has been a certain one, and they suffer for want of forethought.

We have duties to perform for ourselves, as well as those toward the public, and in pursuit of such duties we must influence public opinion, and though it control the laws upon those points, public opinion can as often be driven into position as led. We have tried the latter plan, let us commence to operate on the former, for while the public should be protected by us, they should be forced to take some proper steps toward their own protection.

You ascend, as it were, successive elevations of anatomy, physiology, pathology, practice and chemistry, until you reach this, the highest, the minutia of the other branches, are added to the generalization of this. Thus equipped, you are ready for any emergency, and will not

be liable to be caught napping, and made to blush if called, as you are all liable to be, at a moment's notice, to make an investigation, or give your professional opinion in open court, exposed to the searching questions of attorneys, who are *paid* to confuse you, and where the property, liberty, and even life, of your fellow-beings may rest in your keeping.

In saying that this is the highest and most important of all your studies, I do not wish to be understood as undervaluing any of the other branches. The hand can not say to the foot: "I have no need of thee," but as one part of the body is more honorable than another—though all are indispensable—and as one star differs from another in glory—though all are the handiwork of One, perfect author—in this sense we speak of the importance of the subject that constitutes this course—medical jurisprudence.

We have the foundation stone and those of the rising wall of the building, but this branch may be likened to the cap-stone, which makes the edifice complete and gives it also grace and symmetry.

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### THREE CASES IN OBSTETRICAL PRACTICE.

BY G. C. BUKS, M. D., BATTLE GROUND, IND.

July—I was called to see Mrs. H., a well developed healthy woman, who, on inquiry, I found had descended from a healthy family, as also her husband had; she had been married seven years, and though she had been frequently enciente previously, had not until now, gone her full term, abortion occurring in the early period of pregnancy. On examination I found the presentation normal, and the pains were regular and expulsive. In a few hours she gave birth to a female child, rather above the medium size, and well developed. On receiv-

ing the head and shoulders of the child, I felt what at first touch I imagined was the placenta, being pushed forward with it, and felt a tinge of fear lest I might have fearful post-partum hemorrhage to contend with, I was soon relieved of my suspicion however. I ligated and separated the umbilical cord, and after giving the mother the proper attention, hastened to inspect my little patient. Its breathing was weak and spasmodic, and no voluntary motion of the extremities, the muscles of the parts being in a complete state of flaccidity. I found the integuments and spinous processes entirely wanting from the atlas to the first lumbar vertebra, exposing the medulla spinalis along the whole course of the opening, which was covered with a delicate transparent membrane, through which the accompanying arteries could be seen pulsating. The opening in the interscapular region was about two and a half inches in width, and protruding some distance above the surrounding tissues. The child lived about thirty-six hours.

November—I was again called to attend the same woman in parturition. This time she gave birth to a well developed male child, which is still living, and is a fine healthy and promising boy.

December—Was called to attend her in a third labor. On making an examination per vaginam, the point of the index finger encountered the face of the child, and, but for its complete mobility on the slightest pressure, I should have feared some trouble. I soon discovered there was *but* a face—no head, and consequently no reason to fear a difficult labor. This was a male child, large, and trunk and extremities well developed. The cervical vertebrae were entirely wanting, as was also the cranial bones, with the exception of the superciliary arches and orbits, with small portions of the temporal, the ethmoid and sphenoid bones. The face was perfectly formed in every particular excepting the lower maxillary, which was deficient posteriorly to the angles,



The soft parts, œsophagus, larynx, principal blood vessels, etc., were present, but shortened, the chin being in close proximity with the superior extremity of the sternum. The child—*ex-necessitate*—perished so soon as the vascular attachment with the mother was served.

November—Called to attend her the fourth time. Made the proper examination, and found from manipulation, another acephalous child, with face presenting through the os-uteri, which was sufficiently dilated to admit of its passage. A few pains expelled a large and well developed male child, with the exception of the cranium. On examination I found this one an exact counterpart of former in every particular, with the exception that the spinous processes of the dorsal vertebræ were absent, giving origin to a large opening in the interscapular region, exposing the spinal cord with its immediate appendages, with a transparent membrane thrown over it as in the *spina-bifida* case, and I consequently *noted* it as a case of *acephalo-spina bifida*.

This lady long since gave birth to a well formed female child, but possessing little vitality, it only survived a few weeks.

Remarks. The mother could not in either of these cases call to mind any instance of especial alarm, nor had she indulged evil forebodings during pregnancy. It is worthy of remark that in the first named case, the opening extended from the base of the cranium to the first lumbar vertebra, exposing the spinal cord the entire length of the cleft. The edges of the integuments were smooth and averted. In the two acephalous cases, the brain was entirely wanting, and a very delicate, transparent membranous covering thrown over the *ragged* surfaces, exposing to view the fragments of bone, thus blighted while in the process of formation. These were in some instances serrated, and others smooth and cortallaginous in appearance. In each of these remarkable cases, the exposed surfaces presented the appear-

ance of a delicate net-work or blood-vessels. And on removing the membranous covering—which closely resembled the pia mater—the slightest touch was followed by an exudation of blood, which I suppose would have been profuse white in utero.

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### MUKOSMA.

*Syro, Milk Sickness, Trembles, Slows, Tires, Puking Fevers, etc.*

BY E. J. HOWARD, M. D., HAZLETON, IND.

The etiology of the above named disease has troubled the learned physician and husbandman, has caused many farmers, in limited circumstances, to give up the best cow or horse to some unknown and apparently incomprehensible destructive agent. The real and tangible cause of this disease, is all important in many localities in southern Indiana. The following lines are intended to trace it through its symptoms and already demonstrated facts to the cause. It is a fact that cultivation of the soil destroys milk-sickness, as no animal ever contracts the disease where every foot of soil has been plowed.

Cultivation is known to entirely prevent the bursting forth of mushrooms, or any fungi of that species.

Grazing will not destroy or prevent the development of fungi, where the soil is adapted to it.

Cattle, horses, and sheep are often seen eating mushrooms with avidity. Mushrooms burst through the ground in one night's time, after a rain, at which time cattle are most liable to become diseased.

The territory is entirely free from milk-sickness during the hot dry season of summer;—when the autumnal showers begin, cattle begin suffering from the slows.

There are known to be two species of mushroom, one edible, the other poisonous. The poisonous species is

unmistakably the cause of all the symptoms which have so often been recognized in tises.

The poison can not be contained in springs and runnings brooks, because the water would then poison animals at all times of the year, and especially in dry hot weather, at which time the milk-sickness prevails not. And furthermore plow up every foot of soil around the springs and brooks, and let the cattle drink the water only, where the tises is most readily contracted upon virgin soil, and no disease will follow.

The poison can not be found in the vegetable productions of the forests, as stock may graze upon a pasture all the time until a rain, with impunity; then the same enclosure may become poisonous in one night's time. No vegetable can be changed from the inert to poisonous in so short a time. The vegetables for a long time thought to produce this disease, upon analysis, are shown to possess little or no poisonous elements. Some of them have been used with perfect safety by men—and cattle will not feed upon them, even if deprived of a due amount of food.

It can not be subtle gases, as the animals would all the year be subject to the disease, while passing through the places where they emanated from.

It can be a fungous growth, such as the poisonous species of mushrooms, as described in U. S. D. appendix, (see). The symptoms produced by eating the poisonous mushrooms are the same usually found in milk-sickness. The pathognomonic symptom of this disease is the bad breath and offensive emanations from the body. All the other symptoms may occur in many other abnormal conditions of the system, but the peculiar odor of breath *never*.

Hence, we now see why cultivation destroys milk-sickness, by preventing mushrooms from bursting forth, which are the cause. Why dry weather frees cattle from the disease, because the cause is not then devel-

oped. Why a rain seems to produce the disease, because it forces the cause out of the earth. Why the autumn and early part of the winter are the worst seasons for stock in the forests, because mushrooms grow more luxurantly there.

The cause is suggestive of an appropriate name—which heads this article. It is from two Greek words, *Mukas*, mushroom, and *Osma*, smell—*Mukosma*.

Many other reasons, facts, and observations would go to establish the above position, but the article would then be entirely too lengthy.

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### CASE IN PRACTICE.

BY E. W. TULL, M. D., OGDEN, IND.

Was called November 17, 1869, to see O. M., aet. three years; was treated for and voided lumbricoid worms, one year ago. General hygienic condition of patient has been very good. The condition and appearance of patient are as follows: Has light, fine hair, blue eyes and fine, delicate skin, face bloated, tongue furred, heavy white coat, breath very fetid, pulse 140. Has been sleeping badly for some time; screams and wakes from frightful dreams, has voracious appetite, picks his nose—nose bled some. Bowels considerably swollen and tympanitic.

The patient was in this condition in September last, with the exception that then he had a convulsion, he was treated for worms by Dr. J. Lewis, who failed to remove any at that time. All the symptoms of worms have been manifested from that time to the present. I prescribed a powder composed of *santonin rhei*, *podo-phyllin* and *dover*—powder to be given every four hours with the addition of three drops of oil of *chenopælium*, to be given between the powders, until six powders were taken the whole to be followed by a dose of castor



oil and turpentine. Called again November 18. Symptoms all aggravated, pulse 150, right cheek red and swollen, almost closing the eye; tenderness along the spinal column, intolerable upon pressure. I now ordered the oil and turpentine to be given, which vomited him promptly, and with it came an animal about three-fourths of an inch long, about the size of a common lead pencil, somewhat flattened, slightly ribbed on the back, roughened, with teat-like processes on its belly—these I suppose were intended for its legs or feet—it had a curved-like process at each extremity, exactly alike to all appearances. It manifested life by vermicular contractions of the body; was grey or whitish grey in color. In about thirty minutes I ordered a dose of castor oil to be given, which voided in due time, fifteen or twenty animals, altogether different from the first, their lengths ranging from one-fifth to one and a fourth inches, thickness from one third to a half inch, somewhat curved or kidney-shaped, with a snout-like process at *one extremity only*, which it kept contracted on itself, and this it would do when they were straightened out. They were spongy in texture, tough, yellowish, and by a casual observer would have been taken for scybala. Their general appearance was not unlike that of a cocoon. They contained no blood and were of low organization.

The patient now convalesced rapidly under a tonic and supporting treatment for a few days, when symptoms of worms were manifested again. The same treatment was resorted to and the same results obtained as before, with the exception that they were completely riddled, coming away in shreds and fragments.

Last night (December 1st), patient passed several that looked like sprouted wheat and about the size. Condition of patient this morning is as follows: Features pale, no appetite, some tenderness along the spine, abdomen swollen and tympanitic, though not so much as

usual, tongue clean, pulse about normal; patient seems lively, is running around playing as usual.

Present treatment is iodide of pot. and iron. Will watch the symptoms and treat as before if necessary.

The father told me that the child had passed nearly a thousand; that they laid on the snow and looked like sprouted wheat. They were not coagulated casein. These were the last that came.

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## Clinics—City Hospital Reports.

BEFORE THE CLASS OF THE INDIANA MEDICAL COLLEGE.

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### SCLEROSIS OF THE ANTERIOR COLUMNS OF THE CORD.

BY THAD. M. STEVENS, M. D., PROF. OF MEDICAL JURISPRUDENCE.

Gentlemen, the case before you presents many points of interest for your consideration. I saw this patient about the first of April last, at which time he was paralyzed in his left arm and both lower limbs. He was very irritable and indeed seemed to be upon the verge of a maniacal attack—abusive to those around him and only prevented by his inability to move, from doing what he threatened, committing personal violence to others—I refused to treat him where he was, and advised removal to the hospital; this he refused, but subsequently he listened to counsel and came here—this is the second time I have seen him since April last, and notice with gratification the great improvement which is apparent. You notice now he has the use of his arms and partial use of his legs, although he still experiences an inability to raise them from the floor and moves with a shuffling gait, showing positive want of power in the muscles, and also of co-ordination.

This condition, which you observe, may result from various causes, blows and injury—as sequels from disease, or, as in this case, syphilis may be its origin. Syphilitic affections of the nervous system is an interesting and a vast field of study. Its pathology, its manifestations, according to its seat in different centers, its diagnosis and treatment ought to be studied by you with care, for they are difficult and nice subjects, but they will repay you for any trouble you may be at in unraveling their intricacy.

Let us glance a moment at each of the subjects mentioned, with particular reference to the case before us. First, as to pathology. Sclerosis of the antero and antero-lateral columns of the cord are generally divided into three pathological forms, multiple, diffused and cortical sclerosis.

The first is where several points in the substance of the column are diseased, the name bears its own interpretation; the second is where the diseased portion is continuous, whether it implicates the entire substance of the column or not, there are no intervening sound portions; the third is where the external layer of the cord is alone implicated—it may reach to a greater or less extent in depth, from a mere line to a quarter of an inch.

The appearance to the eye is not generally of marked difference from the surrounding nerve tissues, sometimes a greenish or redish cast present, with light colored streaks interspersing, but upon microscopic examination, we find the neuralgia or connection tissues hypertrophied while the nerve cells are atrophied or pressed into smaller space by increase of connective tissue. Again, either alone or conjointly, with the condition mentioned, we find often lacunas or holes, a seeming loss of nerve tissue, with softening or other change in the consistency of the parts diseased.

Sclerosis caused by syphilis manifests itself according to the different portions of the antero or intero-lateral

column it attacks. It may be associated with caries of the skull or vertebræ, vegetation or gummata of the membranes, etc., as in the early history of this case; the normal manifestation of the hemispheres may be interfered with, either directly or by reflex sympathy. If we find ptosis, double vision, etc., we may be certain the trouble involves the lower ganglia of the brain, the course or origin of the third nerve, etc. In some cases we find, with other symptoms, trembling, this I hold to be a pretty certain indication of the involvement of the base of the brain at some point.

But apart from these signs mentioned, we have the paralysis, which speaks decidedly of disease of the anterior columns of the cord—this loss of motion which is the typical symptoms in such cases may be associated, in a greater or less degree, with disorder or loss of sensation—this depending upon the extension of diseased action to the posterior column of the cord.

Now, where sensation is not involved, it is not so difficult a matter to diagnosis the kind of trouble we have or the seat of pathological change, but, of course, as to the extent of disease, so is the difficulty increased.

Where paralysis is not complete the gait of the patient is peculiar, often he stumbles from relaxation of anterior muscles, or as he can not raise his feet high, he throws his legs out by aid of the adduction; his heels touch first and his feet come down with a jerk, or the body is moved from side to side like a duck, with, perhaps, interlocking of the legs.

Reflex action is often exalted, the gray matter of the cord or centers of force not being in such cases affected.

Again, in certain cases where the origin of the nerves are becoming implicated, we have twitching of the muscles or jerking of the limbs, not however, tremor, except in cases where the ganglia at the base of the brain are involved.



Atrophy of the muscles is sometimes found, the bladder and sphincter are often paralyzed, the bowels constipated from the first, but toward the close incontinence from sphincter paralysis occurs.

Let us examine a moment. First as to the diagnostic points of sclerosis of the anterior columns, and second, what points to syphilis as the occasion of trouble. Softening of the cord might be confounded with this disease—sensory and motory exaltation is generally found however in the former—the gait is different, the course of the disease slower, paralysis not generally so profound.

As to the indication of syphilis as the cause, we have

First, The history of the patient, or signs upon the person, as to the existence of the disease at some prior time.

Second, Youth, or rather, the limits of age, where syphilis is generally found.

Third, The paralysis is comparatively temporary.

Fourth, It generally occurs without loss of consciousness.

The treatment, gentlemen, must be in such cases, anti-syphilitic, as well as anti-paralytic. The articles used must, in a good degree, be judged of by you with reference to general principles, in some cases mercurials, more often iodide of potassium.

In direct treatment of the paralysis the primary galvanic current may be used with a combination of strychnine, quinine, phosphate ferri and dilute phosphoric acid. In cases where marked symptoms of hyperemeia are manifest, Dr. Hammond recommends ergot, its action being to contract the capillary and lessen amount of blood. It is worthy of trial in such cases. Counter irritations often produce good effect. With care and assiduity you may generally expect to relieve and often to cure where syphilis is the cause.

## MORBUS COXÆ.

BY J. A. COMINGOR, M. D., PROF. OF SURGERY.

Morbus coxæ. Gentlemen, this lad, aged thirteen years, fell upon the ice five years ago, striking his right hip. Inflammation ensued and he kept his bed several weeks, but recovered without the formation of an abscess.

About one year after this he had a relapse and the disease terminated in an abscess, which discharged just below the trochanter major, leaving a fistula as you observe here. This fistula closed and remained so nearly a year.

About two months ago, from excessive exercise and fatigue, he again relapsed, abscess reformed and fistula re-opened. The discharge has ceased and the fistulous opening is rapidly closing. The patient is almost well, but the effects of the disease are yet discernable.

By comparison of the hips, you will observe a marked contrast, the affected hip is flattened and the gluteals fold lies lower than natural. There is a fullness in the groin by which its depression is effaced. The muscles of the thigh of the affected side have lost their firmness and power, but are now regaining their former vigor.

This boy was compelled to take his bed soon after he received the injury. He complained of pain at the knee, at its inner side. His leg was flexed, foot inverted and advanced on the sound limb. You see that the freedom of motion in the affected joint is well preserved, hence, we infer that the disease did not reach, with its usual distinctive force the interior of the joint. The disease appears to have originated in and been confined to the cellular tissue. Had it spent its force upon the inner structures of the joint, we should in all probability have more marked results than are present in this case. We

should have impaired motion at the joint, ankylosis, to some extent, would follow. Ankylosis is the usual sequence of hip joint disease.

I wish you to bear this fact in mind; as it has an important bearing in the treatment, anticipate it and keep the leg straight, so that if it does occur, it will be left in the most useful position. Suppose your patient recovers with the leg flexed as I hold it, of what service would it be? It would only prove an incumbrance, and had better be off. To be of any service whatever the ankylosis would have to be broken up by forcibly extending the leg, or by an operation through the neck or shaft of the bone. The flexion is caused by inordinate contraction of the flexor muscles. This must be overcome. You ask me how? I will tell you. Anæsthetize your patient, and the contraction of the muscles will be easily overcome. You ask won't this be temporary? Won't the contraction recur so soon as the patient wakes from the effect of the anæsthetic? I answer yes; but before he returns to consciousness, you should adjust some mechanical appliance, which you have taken the precaution to prepare beforehand, this will effectually prevent it. Amongst the best and the simplest is the weight and pulley. Place your patient on a mattress (a hair mattress is preferable), raise the foot of the bedstead six or eight inches, fasten the pulley to the footboard, stick on the inner and outer sides of the leg adhesive strips, from two to three inches wide and sufficient in length to reach from the knee to six inches beyond the foot; attach the cord to the strips, pass it over the pulley and attach a weight heavy enough to keep up the necessary amount of extension. For a few hours after he will complain of pain and distress; follow this with an opiate, and in less than forty-eight hours, I venture to say, he will notify you that he feels better, sleeps better, and is much more comfortable than he has been for days that have passed. This proceeding not only gives

comfort, but does more, it goes far towards arresting the progress of the disease. It relieves the joint's surface of the extra force that is furnished by the undue contraction of the flexor muscles. To relieve the joint of pressure is gaining a great advantage over this disease.

From the beginning absolute and unconditional quiet, in the recumbent position, must be enforced. Complete surrender to this sort of discipline upon the part of the patient is necessary to successful treatment. Look well to the nutrition of the patient; see that he has all the breathing space possible; keep an eye to good ventilation, pleasant surroundings and religiously avoid depleting agents, and especially place far beyond your reach all forms of mercurials.

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## Editorial.

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PRIZE ESSAY ON "DISEASES OF CHILDREN"—OPEN FOR  
UNIVERSAL COMPETITION.

The President of the Medical Society of the county of New York, Dr. Abraham Jacobi, has placed in the hands of its Treasurer four hundred dollars (\$400), to be awarded for the best essay on "a history of the diseases of infancy and childhood in the United States, and of their pathology and therapeutics." Competitors will send their essays in English, with motto attached, and address of the writer, with the same motto, in a sealed envelope, to the present Secretary of the Society, Dr. Alfred E. M. Purdy, 123 east Thirty-eighth street, on or before January 1st, 1873.

The committee are authorized by the Society to withhold the prize if the essays submitted should not merit it.

Austin Flint, M. D., Ernst Krackowizer, M. D., Edward S. Dunster, M. D., Committee.



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## Original Communications.

### CATARACT EXTRACTION.

*Analysis of Fifty-two Cases, by the Method of Von Graefe.*

BY J. THOMPSON, M. D., INDIANAPOLIS, IND.

My object in reporting the following cases, is not to make a great display or parade of simply successful cases, leaving out or glossing over the unsuccessful ones, but to present a truthful and unbiased report of the results which usually follow the operation in question.

Vague and erroneous notions are deeply rooted in the minds of the laity (and in many instances in those of physicians also) concerning the acuteness of vision, which usually obtains after a successful operation for cataract.

This is to be attributed, partly, to the neglectful or intentional omission on the part of operators in the reports of their cases, and partly to the fact that our text books contain but little on the subject. They simply inform us that in a few weeks after the operation, the patient will need a positive lens of about from two to two and a half inches focal range for reading, whereas one of about four inches will be required for distance. They say but little concerning the inconvenience which attaches the wearing of such powerful lenses, for example: The stumbling of the patient when first com-

mening to walk with a  $+\frac{1}{4}$  glass, or about the spherical and chromatic aberration inseparable from the use of a positive lens of two and a half inches focal range. Neither do they say much concerning the terrible inconvenience resulting from the loss of the crystalline lens, and with it the function of accommodation. The latter is indeed a very serious loss, and one which should be impressed upon the minds of our patients before the operation, for if this be not done, they seldom more than half thank us for the partial restoration of vision.

Since then we deem it of such importance to fully explain all of the confusion spoken of to the patient before the operation, in what light can one be looked upon who tells his patient that "after the operation, (if successful) his eye will be just as good as it was before." Surely they can be but ignorant pretenders or unmitigated liars, who resort to such practice for the purpose of securing cases.

The substitution of an artificial lens a half an inch in *front* of one's cornea, for the natural one *behind* the cornea and acted upon by the delicate ciliary muscle which quickly and involuntarily adjusts it for objects at any distance, forming the image of said objects exactly on the macula leutea, bears about the same comparison as would the using a number of opera or field glasses without screws or slides, to those which have, and which may by the most delicate manipulations be so readily altered so as to suit all distance.

It will appear in this report that acuteness of vision equals ( $S=1$ )  $\frac{1}{2}$ ,  $\frac{1}{4}$ ,  $\frac{1}{8}$ ,  $\frac{1}{16}$ , etc., but it must be remembered that it does so with the aid of a very strong positive lens of say one quarter, which is a very different thing from that which is usually thought to be the case.

Again, in the reports of cases, they may be so manipulated that by giving S. early in some and late in others, exceptionable results can be made to appear, and although

vision is usually far better in several months, than in two or three weeks after the operation, yet it does not always so obtain, which will be seen by the following reports: One case will be mentioned where the patient had remarkably good vision, indeed it was the best I had yet seen or ever expect to see, she was going about, and all danger was thought to be over, yet she eventually lost it entirely.

Again, what is *successful* results? for in their reports authors sometimes state "successful," instead of giving the degree of the visual acuteness.

We are told by high authority (the late Von Graefe) that if  $S = \frac{1}{10}$  the case may be considered a success, or in other words, if the patient can see at one foot from him (not with the unaided eye) that which should be seen by an emmetropic eye at the distance of ten feet, then it is a success.

It is well to bear the fact in mind, so that we can duly inform our patients concerning it.

In illustration of the necessity of the above, permit me to state that a stingy old man came to me, aet. 82 years, with a hard nuclear, amber colored, cataract of fifteen years duration; he had been to several who promised cures with "eye drops" alone, but wanted their pay in advance. I promised to operate upon him for so much if successful, (a bad plan,) and that if not successful was to charge him nothing. I took a great deal of pains to inform him, in the presence of witnesses, all about the glasses, etc. It proved a success, he being able to read large print (the Bible) with No. 2½, and No. XL of Snellen at fifteen feet with No. 4, but he haggled a long time before he consented to pay me.

Von Graefe's method of operating is too well known to every one to need a description of it in this place, I will simply state that the section of the cornea was made above in every case except one, in that case it was made downward, owing to the very small palpebral opening.

The advantage which the former has over the latter method is, the wound is evenly covered by the upper lid; whereas in the lower section the edges of the wound are so liable to irritation from the movements of the lower lid.

I will explain a few abbreviations and then report each case in as few words as possible. Op., for operation;  $S=\frac{1}{2}$ , means that acuteness of vision equals one half at infinite distance, etc.

Case 1. Male, aet. 82: over ripe 15 years; op. April, 1867. Result  $S=\frac{1.5}{10}$ .

Case 2. Male, aet. 64; nuclear op. April, 1869. This patient could count ones fingers immediately after the operation, and was doing remarkable well until the fifth night after the operation, when he screwed his knuckle in his eye, which started a violent inflammation, and the eye was lost from panophthalmitis.

Case 3. Male, aet. 74; nuclear; op. September 27, 1870.  $S=\frac{1}{2}$ .

Case 4. Female, aet. 60; nuclear; op. October 10, 1870. Left eye,  $S=\frac{1}{3}$ .

Case 5. Same woman; op. right eye; October 26,  $S=\frac{1}{3}$ .

Case 6. Male, aet. 58; op. October 16, 1870.  $S=\frac{1.5}{10}$ .

Case 7. Female, aet. 62; op. October 18, 1870.  $S=\frac{1.5}{10}$ .

Case 8. Female, aet. 64; October 19, 1870.  $S=\frac{1.5}{10}$ .

Case 9. Female, aet. 61; op. October 22, 1870. Old opacities of the cornea,  $S=\frac{1.5}{10}$ .

Case 10. Male, aet 66; op. left eye; October 22. As he never learned to read we could only approximate,  $S=\frac{1}{4}$ .

Case 11. Same man; op. right eye; October 28.  $S=\frac{1}{4}$ .

Case 12. Male, aet. 62. A very unpromising case, had cicatrization from old trachoma, extensive opacities of the cornea, and had he not urged it the operation would not have been made, for it offered but little prospects for anything like useful vision. He was discharged two weeks after the operation, with  $S=\text{about } \frac{1.5}{200}$ . He



returned in ten months for an operation on the other eye, and it was found that  $S = \text{about } \frac{1}{3}$  in the eye first operated upon.

Case 13. A stupid spinster, aet. 36; lamellar, double, partly calcareous; op. right eye; November 5.  $S = \frac{1.5}{200}$ .

Case 14. Male, aet. 70; op. November 10. Lens came out immediately after section of the cornea, and before the iridectomy was made.  $S = \frac{1.5}{200}$ , a slight portion of iris remains in the inner angle of the incision.

Case 15. Female, very anæmic, paralysis agitans also; op. November 13.  $S = \frac{1}{3}$ .

Case 16. Female, aet. 59; op. November 17. Hæmorrhage into anterior chamber, which was not absorbed fully for eight days.  $S = \frac{2}{3}$ .

Case 17. Male, aet. 76; op. January 24, 1871.  $S = \frac{1}{2}$ .

Case 18. Male, aet. 65; op. January 26. Lens very hard and waxy, came out with much difficulty.  $S = \frac{1.5}{500}$ .

Case 19. Female, aet. 72; op. February 23, 1871. The chamber filled with blood immediately after the iridectomy, and remained five days.  $S = \frac{1.5}{400}$ .

Case 20. Female, very unpromising case; has been troubled many years with trachoma keratitis, etc. Owing to small palpebral fissure, the section was made in lower segment of the cornea.  $S = \frac{1}{12}$ .

Case 21. Male, aet. 76; op. March 8, 1871.  $S = \frac{1.5}{500}$ .

Case 22. Female, aet. 71; op. March 14, 1871. Quite a large amount of blood in anterior and posterior chamber, which was not quite absorbed when she left for home, three weeks after the operation.  $S = \frac{5}{800}$ , three months after the operation.

Case 23. Female, aet. 41; semi-solid (or cortical) The left eye had been operated upon by solution eight months before, but with it she has simply perception of light. Large floating bodies can be seen in the vitreous with the ophthalmoscope. A doubtful prognosis was given in regard to the right eye, but as she had a large family and an infant then nursing, she urged the opera-

tion, which was made March 15, 1871. Immediately after the incision through the cornea, at least three fourths of the vitreous escaped. The lens was only partially extracted when the eye filled up with blood. She suffered very much for several days, and the result was a false membrane in the pupil.  $S=0$ .

Case 24. Male, aet. 53; op. March 21, 1871; right eye.  $S=\frac{15}{40}$ .

Case 25. Same man, op. left eye; March 27, 1871.  $S=\frac{1}{2}$ .

Case 26. Male, aet. 53; over ripe fourteen years; op. March 28, 1871. This man struggled terribly during the operation, and bellowed like the "Bulls of Bashan."  $S=\frac{15}{30}$ .

Case 27. Male, aet. 49; not quite ripe; op. April 5, 1871.  $S=\frac{15}{40}$ .

Case 28. Male, aet. 49. Old cataract which was luxated three weeks ago from blow on the eye; symptoms of glaucoma manifest. Op. April 20, 1871.  $S=\frac{15}{70}$ .

Case 29. Female, aet. 62; op. April 24, 1871. At least three fourths of the vitreous escaped during the operation, and the lens could not then be extracted. She suffered terribly for nearly two weeks from panophthalmitis.  $S=0$ .

Case 30. Male, aet. 51; op. April 25, 1871.  $S=\frac{15}{20}$ .

Case 31. Female, aet. 58. This was a very nervous female, who would not consent to the operation without chloroform. Op. April 25, 1871; slight escape of vitreous, some corticle left behind. She vomited all night after the operation, but a remarkably good result obtained.  $S=\frac{15}{40}$ .

Case 32. Male, aet. 69; op. May 10, 1871.  $S=\frac{15}{10}$ .

Case 33. Male, aet. 62; op. May 17, 1871.  $S=\frac{15}{50}$ .

Case 34. Male, aet. 65; op. May 18, 1871.  $S=\frac{1}{2}$ .

Case 35. Female, aet. 60; op. May 19, 1871. The corneal section was made small in this case, owing to the small size of the lens, but it was found to be so hard and

waxy that it was extracted with great difficulty. Pressure above and below was not sufficient, a cystotome was then inserted into the edge of the lens, while firm pressure was made upon the cornea below, and by gradually rotating the lens, it was eventually extracted. Slight haziness of the membrane of descemet for a few days, was the only complication.  $S=\frac{15}{30}$ .

Case 36. Male, aet. 33. Corticle, double, has been troubled for several years with violent neuralgic pains in face, scalp, and eye. His mother and many relatives were affected with cataract. Op. May 22, 1871; slight amount of corticle substance left in eye. After the 25th, he was troubled with frequent haemorrhages from the iris. He left for home June 19th, with an opaque capsule in the pupil. Saw him again three months later, when  $S=\frac{1}{20}$ .

Case 37. Female, aet. 53. A very similar case to the above, had the same neuralgic pains, etc. Op. May 23. Escape of vitreous (about  $\frac{1}{3}$ ) immediately after corneal section; much carticle left behind. She suffered most terribly every few days for nearly three months, with atrocious neuralgia, which proved rebellious to all treatment. September 28, there being a dense capsule in the pupil, it was lacerated with a needle, but we learned afterward that large floating bodies were in the vitreous.  $S=\frac{12}{100}$ .

Case 38. Male, aet. 38. Lamellar, double; each lens had the following appearance: A minute, central, opaque speck on anterior portion, then a fluid, and posteriorly a hard portion. Op. June 2; discharged June 17, with so much capsule in the pupil, that  $S=$  only  $\frac{10}{200}$ . September 18, the capsule was lacerated, but it was found subsequently that he had floating bodies in the vitreous.  $S=\frac{12}{200}$ .

Case 39. Female, aet. 60; op. June 3, 1871.  $S=\frac{1}{2}$ .

Case 40. Female, aet. 29; cortical. This patient was troubled for about three years with excruciating circum

orbital neuralgia, and never noticed any dimness of vision until after the commencement of the pains spoken of. Op. June 6, while the patient was under chloroform. She recovered nicely, and was about her work (both in and out of doors) in two weeks after the operation. She could read the finest print on earth with  $+2\frac{1}{2}$ , and with No.  $3\frac{1}{2}$ .  $S=1\frac{5}{8}$ . On the 19th of July, a messenger informed me that she was suffering a great deal of pain in her eye, and on calling to see her, I found her suffering with one of her violent paroxysms neuralgia. She had the symptoms of iritis, and I prescribed atropia in solution locally, with anodynes internally. I visited her the next day but found her no better, but found that a beautiful mydriasis had taken place. On my next visit she informed me that the pain left her quite suddenly, but that vision left her at the same time. On inspection, minature mountains of blood could be seen deep in the vitreous. It was absorbed in about one week when vision partially returned, but it recurred many times, and finally disappeared after leaving a false membrane behind, which closed the pupil and destroyed vision.

Case 41. Female, aet. 70; op. left eye, July 20, 1871.  $S=\frac{1}{4}$ .

Case 43. Male, aet. 52; op. July 25, 1871.  $S=1\frac{5}{8}$ .

Case 43. Female, described in case 41; op. left eye July 26, 1871.  $S=\frac{1}{5}$ .

Case 44. Male, aet. 67; op. August 26, 1871. The only thing unusual in this case was the after treatment. He was a very figity man, (as we were told before the operation,) and commenced complaining of confinement "almost killing him," very soon after the operation. Two persons were then ordered to take him by the arms and march him up and down the room until he complained of being tired, after which to place him in bed, and the moment he again complained, to repeat the same exercise. This treatment was commenced two hours after the operation, and kept up until the seventh



day, when the bandage was taken off and a shade substituted, when he was permitted to march himself.  $S=\frac{1}{3}$ .

Case 45. Female, aet. 57; semi solid; op. September 16, 1871. Escape of about  $\frac{1}{10}$  of vitreous followed the corneal section. She never having learned to read, we supposed after trial that  $S=\text{about } \frac{1}{8}$ .

Case 46. Female, aet. 60; op. September 25, 1871. An unusual haemorrhage followed the iridectomy, and continued for seven hours. The corneal wound did not unite for five days, and the blood was not entirely absorbed until after the fifteenth day, when  $S=\frac{1}{3}$ .

Case 47. Female, aet. 55; very hard, with adhesion of iris to capsule outward and downward (synechia posterior). Op. September 25, 1871.  $S=\frac{1}{4}$ .

Cases 48 and 49. Female, double operation; September 28, 1871. Never learned to read,  $S=\text{about } \frac{1}{4}$ .

Case 50. Female, aet. 65; op. September 30, 1871.  $S=\frac{1}{3}$ .

Case 51. Male, aet. 65; op. October 5, 1871. Result good, S. not yet determined.

Case 52. Male, aet. 70; op. October 5, 1871. Result good, S. not yet determined.

The results of visual acuteness will be seen in the following table. A great majority of the examinations were made from the tenth to the fourteenth day, consequently a great improvement is expected; whenever they were examined subsequent to the twenty-first day, it has been mentioned in the reports of the individual cases.

No. of Cases.	Vision.	No. of Cases.	Vision
3.	$\frac{3}{4}$	1.	$\frac{1}{6}$
1.	$\frac{2}{3}$	1.	$\frac{1}{8\frac{1}{2}}$
7.	$\frac{1}{2}$	1.	$\frac{1}{12}$
7.	$\frac{1}{2\frac{1}{2}}$	1.	$\frac{1}{13\frac{1}{2}}$
4.	$\frac{1}{3}$	1.	$\frac{1}{16\frac{1}{2}}$
6.	$\frac{3}{10}$	1.	$\frac{1}{20}$
6.	$\frac{1}{4}$	2 not yet tested.	
2.	$\frac{1}{4\frac{1}{2}}$	4 failures.	
4.	$\frac{1}{5}$	—	
Total 52			

Or in a general way :

Entire success,	-	-	-	-	-	-	-	42
Partial success,	-	-	-	-	-	-	-	4
Failures	-	-	-	-	-	-	-	4
And two not yet tested, but which will most likely be entirely successful,	-	-	-	-	-	-	-	2
<hr/>								
Total,	-	-	-	-	-	-	-	52

The foregoing cases admit (we think) of the following suggestions :

Case 2. Puts one on his guard in relation to the patient's hands during sleep. I proposed securing them in that case, but he informed me that there was not the least danger ; and indeed, I watched him for some time during sleep, and noticed that when his hands were brought near his head they were quickly moved away, before touching the eye, which threw us off our guard, and as he improved so rapidly we looked upon the danger as passed.

Cases 16, 18, 19, 22, and 29. Prove that a considerable amount of blood may remain in the eye after the operation, and cause no trouble whatever.

Case 10. Shows that extensive opacities of the cornea should not debar us from giving the patient the benefit of an operation, for in that case an unexpected good result is obtained.

Cases 23, 36, 37, and 40. Should put one on his guard in semi solid or cortical cataracts in young persons, (not congenital,) more especially if they complain of neuralgic pains accompanying, and sometimes preceding the same. One should not promise too much from an operation in such case.

Lamellar cataracts should also be well considered before attached, for in addition to case 38, I have witnessed several operations on such by other methods than the one in question, with but seldom a good result, and frequently the entire loss of vision.

Case 44. Suggests that it is unnecessary to keep one on one's back for several days after the operation; not only is it frequently uncalled for, but it is often positively injurious by depriving one of rest and sleep, and thereby setting up such nervous irritability as to preclude the possibility of resolution.

A slight escape of vitreous took place in several of cases, and no apparent bad result followed. Pardon the following tangential digression by way of illustration :

A poor man who had lost one eye during infancy, and whose other eye was useless from a leucoma adherens and closed pupil, begged that something be done to partially restore his vision. An artificial pupil was made behind the least hazy portion of the cornea; but a few days after iridectomy was made, it was found that the lens was opaque; an extraction was attempted, but no sooner was the corneal section completed, than at least three fourths of the vitreous escaped, and the lens went back and could not be taken out. The eye resembled a partially dried gall bladder, which still retained a small portion of its fluid contents, it soon filled up with blood however; it was lightly bandaged, and an extremely "expectant treatment" was followed. We expected panophthalmitis or something equally horrible, but instead of anything of the kind taking place, his vision was so improved that in three weeks he left for home without a guide, almost leaping for joy, thinking that something little less than a miracle had been wrought in his case, and I will add that it looked a little like it to us. Had we the zeal of those who have substituted glass for the natural cornea, and had we injected soapsuds into his eye in place of the vitreous which was lost, and a good result followed in spite of the bad treatment, (as was the case,) it then could have been paraded as something wonderful, and doubtless it would not have been long before a theory was given, showing chemically and physiologically just why soapsuds were good in such cases.

The after treatment in the above cases was usually as follows: After the cortical substance (which would be) was removed, and the patient required to count one's fingers, (which was not called for if any blood remained in the anterior chamber,) a light compress and bandage were placed over both eyes, and the patient required to remain in bed as quietly as possible for eight or nine hours, then the bandage was removed, the eye inspected, and two drops of a four grain solution of atropine instilled into it, after which the bandage was replaced. The eye was then dressed morning and evening for about one week, when a shade was generally substituted. I will also add that after the sad experience of case No. 2, the patient's hands were always so confined during sleep, as to prevent the possibility of another result so unfortunate.

In the performance of the operation the following are needed: An assistant on whom one can rely. A right and left speculum, long and well curved. By having one for each eye we can always keep the screw below, and by having them long and to curve well around the temporal side, we then have a clear field for the knife, which should be very delicate, not more than one line broad at farthest; the great advantage which the narrow has over a broad one is the facility with which the former can be rotated on its axis in the anterior chamber. The other instruments needed in the operation can be procured in almost any city, and I should have said nothing concerning the former had I not known how difficult it is at this date to procure them in the west.

Failure more frequently follows the improper selection of cases, than from faulty operations.



## PUERPERAL PERITONITIS.

BY S. H. MOORE, M. D., INDIANAPOLIS, IND.

There is probably no disease concerning which there is a greater diversity of opinion as to the best mode of treatment than puerperal peritonitis. The disease under any treatment is terribly fatal. Would it not contribute to the advancement of medical science if physicians would, in cases concerning which there is such a radical difference of opinion as to the treatment, report the results of their treatment for the benefit of others? It is with this object in view that I report the following case, and not because there is anything new or remarkable in it:

At 2 o'clock P. M., November 4, 1870, was called to see Mrs. C., aged thirty years, a large, stout Irish woman, who had been in hard labor with her first child since 5 o'clock P. M. on the 3d, the membranes having been broken and the waters discharged early on the morning of the 4th.

The case was in charge of a midwife, who had kept telling the husband and friends ever since the labor had commenced, that it would terminate in a few minutes. Upon examination I found the head tightly wedged in the inferior strait and the child to all appearance dead. At 5 o'clock P. M. the patient was delivered of a large dead child, weighing, I should judge, ten pounds. Placenta was removed with some difficulty; no more hemorrhage than usual. Called next morning, patient doing well; had slept well and eaten some; complained of nothing except general soreness. On the evening of the 9th the husband came to my office for medicine, saying his wife had a chill that afternoon, otherwise doing well. Wrote prescription and heard nothing more from the case until the 12th at 4 o'clock P. M., when I was called to see the patient. Found the woman suffering from puerperal peritonitis, whole region of abdomen

excessively tender and swollen, skin dry and hot, tongue coated and slimy, respiration rapid, thirst great, lochial discharge stopped, no milk secreted, urine scant and highly colored, patient lying on back with limbs flexed, pulse 140, bowels costive, suffering great pain. Ordered the following:

Olum tigllii., ℞. iv; Pulvis. acacia., q. s.; M. Ft. pills No. iv. One every hour until bowels are freely moved. Also, Pulvis. opii. ℥i.—; Ft. chts. x. One powder every hour after bowels are moved. Also applied twelve leeches to abdomen, followed by hot fomentations to be kept up all night.

13th—saw case at 8 o'clock A. M.—bowels had been moved freely after second pill, pulse 130, tenderness over abdomen less, skin slightly moist, urine still scant and highly colored; had taken seven powders. Ordered potass. nitras ʒ j.; aqua and syrup aa. ʒ jss. Dessert-spoonful every two hours. Hot fomentations continued.

4 o'clock P. M.—patient free from pain except on pressure, tongue less coated, urine more free and less highly colored, pulse 124. Ordered flax poultice and turpentine to be applied to abdomen and kept on all night; treatment continued, powders to be given every two hours.

14th—8 o'clock A. M.—patient better, pulse 110, sweating freely, free from pain and lying on side with limbs stretched out, tongue clean; lochial discharge returned; had eaten some. Ordered opium to be given every four hours.

4 o'clock P. M.—pulse 100, tongue clean; urine free; sweating. Ordered beef tea and wine, and soft boiled egg; opium every six hours.

15th—2 o'clock P. M.—Still improving, pulse 87, sweating, urine free and clear, very little pain on pressure. Ordered opium to be given three times daily for a few days. Bowels to be moved by enemata, and discharged the case. I have since treated another case in

a similar manner with results equally satisfactory, but have no notes of it.

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## CHLOROFORM IN CARDIAC DISEASE.

BY A. S. GRIFFITH, M. D., NASHVILLE, IND.

Miss — had been suffering and confined to her bed for some time, her disease being a cardiac and uterine difficulty. She was attacked with severe pains of neuralgic character, radiating from the os-pubes to the pyloric orifice of the stomach. On Sunday the 24th of September, I being absent, another physician was called and administered such treatment, as was or seemed to be indicated. When I arrived, at 10 o'clock P. M., she was suffering excruciating pain. I prescribed two grains of svapnia, one grain of camphor, two grains of ipecac, and two grains of dioscoria, powders to be repeated every hour; also had her feet bathed in hot mustard water, and mustard synapisms applied to the spine, stomach, ankles, and wrist, and hop stupes to the bowels. There being no improvement in her case, but on the contrary becoming worse till 5 o'clock P. M., I concluded to put her under the influence of chloroform. She was kept under its influence till 8 o'clock A. M., when I had Dr. Pagan called as counsel. It was concluded to still continue the anæsthetic. At 9 o'clock, Dr. Phillips was also called in consultation, when it was concluded still to keep her under the influence of chloroform, for the reason that when she came from under its influence, her agonizing screams could be heard all through the neighborhood. She was kept anæsthetized till twelve o'clock at night, when she got relief. She was given during the time, 3 lbs of chloroform by inhalation,  $\frac{1}{2}$  ℥ of morphia, 2 3 fluid extract of ipecac., and 2 3 tinct. gelseminum, internally, besides an enor-

mous amount of ipecac. gelseminum and tinct. of opii by enema. She has been slowly recovering since that time, on tonics, nervines and anodynes.

This case proves three things: First, that there are no doses in medicine; second, that chloroform may be given where there is a cardiac difficulty; third, that it is not the amount given nor the time the patient is kept under the influence of the drug that causes death.

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## Proceedings of Societies.

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### PROCEEDINGS OF UNION DISTRICT MEDICAL ASSOCIATION.

RICHMOND, IND., Oct. 26, 1871.

This Association is composed of members of the profession of the following counties in Indiana, viz.: Rush, Fayette, Union, Franklin and Wayne, with two counties in Ohio, viz: Preble and Butler. The membership are those gentlemen, who being members in good standing in the county society where they reside, become members on application and paying a small admission fee.

This Association of medical men met, pursuant to adjournment, to hold the annual meeting, and was called to order by Dr. Pugh, of Rushville; Dr. Hill, of Oxford, Ohio, being the Secretary.

The minutes of the last meeting were read by the Secretary, together with an interesting summary of the papers read at the last meeting.

The President appointed Drs. Weist, Hawley, and Landers a Committee on Business, and Drs. Chitwood, Moffitt, and Corson a Committee on Obituaries.



On motion, Dr. R. E. Haughton was elected Assistant Secretary.

The Committee on Business reported several papers, which were presented by title, to be read by the writers. The papers were, first, one by Dr. Morris on "Retained Placenta;" Dr. Hibberd, on "Inflammation," which was intended to be a full resumé of the subject; Dr. Haughton, on "The Pathology of Malignant and Semi-Malignant Growths;" Dr. Morris, of Hamilton, on "Typhlites," and Dr. J. S. McNeely, on "Consumption." These papers were read and discussed, some of them quite fully, while others were directed to be published, so that they might be read and studied more fully, at the leisure of those desiring to do so.

The Committee on Business reported for membership the names of Drs. Dougan Clark, Hadley, Waring, and McIntyre, of Richmond; Dr. V. G. Miller, of Preble county, Ohio; Dr. E. Cain, of New Lisbon, Henry county, Ind.; Dr. Stuart, of Henry county; Dr. C. W. Hobbs, of Carthage; and Dr. Blount, of Hagerstown, who were elected.

Dr. McNeely's paper was read and discussed by Drs. Moffitt, of Rush, and Corson, of Preble counties.

Dr. Wishart, of Rush county, and Drs. Stewart and Cochran, of Henry county, were present and invited to participate in the business of the meeting.

Dr. Morris, of Hamilton, read his paper on "Inflammation of the Cæcum and its Appendix," with three cases and treatment used, with recovery in each case.

The following gentlemen were appointed a committee on nomination of officers for the ensuing year, who reported as follows: For President, Dr. Morris, of Liberty, Ind.; Vice President, Dr. Hill, of Oxford, Ohio; Secretary, R. E. Haughton, of Richmond, Ind.; Treasurer, Wilson Hobbs, of Carthage, Rush county, who were elected to the respective offices.

The Committee on Obituaries reported in reference to the death of Dr. Hall, of Connersville, Ind., which was ordered to be printed in the Fayette county papers.

Dr. Gregg, of Connersville, was called for a paper. Not being ready, Dr. Hibberd, of Richmond, read his paper on "Inflammation," which was ordered to be published in the *Lancet and Observer*.

Dr. Haughton, of Richmond, read a paper on "Malignant and Semi-Malignant Growths," which was, on motion of Dr. Hobbs, ordered referred to the next State Medical Association of Indiana, for the purpose of incorporating it with its next Transactions.

Dr. Haughton, being a regular essayist for the State Association, will present this paper.

Dr. Gregg, of Connersville, was excused from reading his paper, and appointed to read one on "Puerperal Fever;" Dr. Hobbs, on "The Duties and Liabilities of Medical Experts;" Dr. Falconer, on "Typhoid Fever;" Drs. Beauchamp and Chitwood, of College Corner, Dr. Landers, of Oxford, Dr. Stuart, of Spiceland, Dr. Boyd, of Dublin, Dr. Weist, of Richmond, and Dr. Keely, of Oxford, on such subjects as they may choose.

Dr. Pugh, the President, then delivered his valedictory address, which was a concise, elegant, and beautiful address.

The obituary notice, as reported by the committee, is as follows:

WHEREAS, This Society has learned, with feelings of profound sadness, of the death of Dr. D. D. Hall, since the last meeting of the Association; therefore be it

*Resolved*, By this Association, that we recognized in Dr. Hall the faithful and enterprising physician, and that this Society is called upon to mourn the loss of one of its original members and one of its most arduous supporters, and that it becomes its individual members to imitate his example and emulate his virtues.

*Resolved*, That we bow in humble submission to this dis-

pensation of Providence, and tender our full sympathy and condolence to his family, who have lost an affectionate husband and father, while the community has lost a Christian gentleman, an honored and respected citizen, worthy of imitation.

*Resolved*, That a copy of these resolutions be sent to his family.

(Signed,)

JOHN MOFFITT,

JOHN CORSON,

*Committee.*

Dr. Hobbs, of Rush county, reported verbally, with specimen of bone removed, a very interesting case of resection of both shoulders and hip joints, in the same case seven weeks preceding report. A boy fell from a tree, producing a compound fracture of right humerus just below the surgical neck; bone protruding through the soft parts, and fracture of the neck of femur. The boy was fourteen years old, and an inmate of the "Soldiers' Orphans' Home." He was operated on the next day after injury by excision of shoulder joint, and exsection of an inch of the humerus below the fracture. Fracture of the femur treated by extension with the use of the pulley and weight. Twenty days after, opened an abscess on the thigh, communicating with the fracture. No effort at union of bone; the operation at the shoulder doing well. Next day explored wound and fracture, exsected the head of the femur, and squared the end of the bone, and dressed by a long straight splint. The boy is doing well, and promises a complete recovery. But the question is how to get him up off his back. There is two inches shortening of femur and humerus each.

This case was discussed by Drs. Hibberd, Corson, Weist, Hill, Boyd and Hobbs. The exsection of head of femur was performed by Dr. J. A. Comingor, of Indianapolis.

Committee on place of next meeting reported Hamil-

ton as the place, and time of meeting the last Thursday of April, 1872, at 10 o'clock A. M.

On motion, adjourned to meet in Hamilton the last Thursday in April next.

DR. PUGH, *President.*

DR. HILL, *Secretary.*

DR. HAUGHTON, *Asst. Secretary.*

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## NORTH-EASTERN INDIANA MEDICAL SOCIETY

The Society met at the Christian Church, Ligonier, Ind., on Tuesday, December 5th; 1871, the President in the chair. The Secretary's report of the proceedings was read and accepted.

Professors Jenks and Connor, of Detroit Medical College, were introduced to the Society, and, on motion of Dr. Denny, were elected honorary members; after which Prof. Connor addressed the Society at length. He expressed his gratitude to the Society for the honor which had just been conferred upon himself and his colleague, Prof. Jenks. He remarked that the medical profession was not circumscribed by State lines, that he always felt at home at a medical association. He remarked that the usefulness of these associations was not determined by the number of their members, but rather by the calibre and energy of the members. He generally found that the live men of the profession were zealous in their attendance, and that those who took little or no interest were of the class described by Flint as monumental physicians; *i. e.* men who are content with graduation, and who rest upon their oars all the rest of their lives. Such men were found without libraries or medical journals. They are routinists in practice, treating all cases alike, regardless of the laws of advanced pathology or physiology. When we consider the immense strides made each year in medical science, who can doubt that



such men kill more than the diseases they affect to combat. He concluded his remarks by expressing his satisfaction at meeting with so many earnest men, who he felt assured had met to polish their minds by healthy attrition with each other.

Reporting cases was declared in order.

Drs. Carr, Denny, Landon, Dancer, Wood and Gilbert reported interesting cases in practice. A number of patients were presented for examination, making quite an interesting clinic. The time was occupied in discussing these cases, so that the subject selected for discussion received no attention.

Prof. Jenks gave a very instructive lecture on the use of the galvano caustic. His experience with it was extensive and satisfactory. He had often removed malignant growths without pain or loss of blood. He explained its *modus operandi*, and gave the necessary directions for operating. He also exhibited an instrument called the pneumatic aspirator, used in exploring tumors and in evacuating cavities containing pus. He had used it successfully in tapping the chest and abdomen, and had never seen inflammation of the peritoneum or pleura result. With the use of this instrument the ingress of air is impossible, hence one of its great advantages over all instruments used in the operations referred to. In diagnosis it was superior to the exploring needle, for reasons which he fully explained. He had used it in evacuating pelvic abscesses, and in carbolicizing the cavities.

Prof. Connor made some remarks on the employment of pure oxygen in therapeutics. He had given it in quantities varying from two to three gallons daily, and in the type of cases which he described he had always found beneficial results. He remarked that the physician introduced iron or phosphorus or lime into the system when he was satisfied these constituents were in deficient quantity, and asked whether it was not even more rational

to introduce oxygen into a failing body of which, in health, it (oxygen) constitutes three-fourths.

At six o'clock the Society adjourned to meet again at eight o'clock, when Dr. W. C. Williams, of Albion, delivered an able address.

The next meeting will be held at Angola on the first Tuesday in March.

Subject for discussion at next meeting: Anæsthetics.  
Essayists: Drs. Dills, Spaulding and Wood.

J. L. GILBERT, Sec'y.

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## Ophthalmology and Otology.

BY DR. C. E. WRIGHT.

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### OPHTHALMIA NEONATORUM.

A disease of the eyes to which newly-born children are liable, and one whose character requires to be recognized early and to be treated properly and promptly, is an inflammation of the conjunctiva called ophthalmia neonatorum. It is not a distinctive form of disease, but is usually a variety of purulent ophthalmia. In some cases not only the conjunctiva, but also the cornea, is involved in the inflammatory process, and in these cases the result is too frequently either total destruction of the eye for visual purposes, or the formation of a dense and lasting opacity of the cornea known as *leucoma*, which is more or less obstructive to vision.

The causes of this disease are exposure to too great light, irritation of the eye by soap or other substances, but far more frequently a leucorrhœal discharge from the vagina of the mother, which discharge obtains access to the child's eyes during the progress of labor, or, as I believe, oftener by being conveyed by a cloth from the body to the eyes during the cleansing of the child.

The ophthalmia of the newly-born usually begins between the second and the seventh day after birth, although several weeks may elapse between birth and the appearance of the inflammation.

We may distinguish two forms of the trouble, the catarrhal and the purulent. In the catarrhal form the symptoms are, of course, much milder, the prognosis better, and the treatment much less active than in the more violent or purulent variety. But the milder may, through neglect or inefficient treatment, merge into the destructive form.

If we find the eyelashes glued together with a viscid looking matter, which, on drying crumbles and falls off, the conjunctiva only slightly reddened, the superficial vessels plainly defined and tortuous in their course, a stringy mucus in the cul-de-sac, the eyelids only slightly or not at all swollen or reddened, but little intolerance of light, and the cornea perfectly clear, we may generally give a decidedly favorable prognosis. For careful attention to cleanliness, anointing the edges of the eyelids with oil or lard together with the use three or four times a day, of a few drops of a solution of acetate of zinc, two grains to the ounce of rose water, or of any equally mild astringent, will nearly always give a favorable termination to the case in a few days. The eyes should be washed with a small stream of pure tepid water four or five times during the course of the twenty-four hours; and some cases will promptly yield to cleanliness alone.

The eyelids should, in all cases, be anointed with oil or simple cerate, for the dried secretion adhering to the ciliæ may not only excoriate the edges of the tarsi, but may keep up the discharge.

If the integument of the lids appears red and swollen, following a linear red stripe, which may have lasted for a day or two, (and which has, in several instances I know, been mistaken for a birth-mark), the ocular con-



conjunctiva inflamed, and there be chemosis; if the papillæ of the tarsal conjunctiva are large, and bleed easily on touching them; if the cornea is hazy or ulcerated; great photophobia; if large quantities of yellow or yellowish-green pus be secreted, spurting out when the lids are separated and excoriating the surface of the cheeks; then the prognosis is uncertain, for we have to deal with the purulent form. The conjunctiva is sometimes so swollen as to evert the lids; and again, the upper lid may override the lower.

The cause usually assigned is a leucorrhœal discharge from the vagina of the mother. A recent case of mine is interesting, from the fact—to which Dr. Fletcher, who was attending the mother, first attracted my attention—that on certain days, when the mother's vaginal discharge was most profuse, the eyes of the child secreted more pus, and were in every way worse. When the leucorrhœa was better, the ophthalmia lessened in intensity.

The treatment of purulent ophthalmia neonatorum should be begun the moment it is discovered. If one eye only is implicated, the sound one should be washed thoroughly, and then sealed hermetically with cotton, collodion, and a bandage. This bandage should be changed at least twice a day to maintain cleanliness, and in order that we may observe the first signs of inflammation, should any appear. The purulent discharge should be syringed away with tepid water, whenever it is secreted. Every half hour, or oftener, during the day and night, the matter should be washed away and astringents applied thoroughly to the inflamed surface. The remedies should be used in solution—carbolic acid and sulphate of zinc, of each one grain to the ounce of distilled water; nitrate of silver, one grain; alum, two to four grains; wine of opium, half a drachm; tannin, five to ten grains. Any of these, in the quantities named, to an ounce of distilled water, may be dropped



in the eyes after cleansing. Unless contra-indicated, I generally add to any solution about one-twelfth of a grain of sulphate of atropia to the ounce, to lessen the intra-ocular tension and to prevent perforation of the cornea. Although the cornea may not be involved, the atropia will be found useful as a local anæsthetic. Small doses of bromide of potassium may be given to allay pain, and thus prevent crying; for during the act of crying, all the symptoms are aggravated. It is seldom necessary to pencil the inflamed parts with nitrate of silver in substance as recommended by some, and it should be dispensed with whenever possible. Everting the lids should also be seldom practiced, especially if the cornea is involved. Acetate of lead, owing to its leaving deposits in the cornea, if an abrasion of that structure exist, should never be employed. Cold compresses may be found useful occasionally, but should never be continued long at a time.

The disease being contagious, proper precautions must be taken to prevent others from contracting it. The nurse should be cautioned against attending to the child's eyes without having first thoroughly cleansed her hands; otherwise fresh seeds of the disease may be sown which may cause relapse of the inflammation just as we are congratulating ourselves on having conquered the trouble.

There is a diphtheritic variety, seldom met with, in which astringents should be cautiously used, and mercury should be given.

The most convenient form of syringe is the ordinary bottle, with a bone or pewter tip. Glass syringes are not easily handled, and are liable to be broken.

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#### PURULENT AURAL CATARRH.

Dr. Charles I. Pardee (*Medical Record*, December 15th,) recommends a forty to an eighty grain solution of nitrate

of silver in chronic purulent aural catarrh, to be applied after the ear has been cleansed and dried. This is to be used in those cases characterized by the secretion of mucus. Should this treatment excite a discharge of pus, Dr. P. does not consider it a discouraging circumstance, but applies weak astringents to control the excessive inflammation.

A considerable experience in the treatment of aural complaints has led us to avoid the use of nitrate of silver, in solutions as strong as those recommended; and, indeed, their use is nothing new. We have employed them, and somehow or other, we were not required to treat the cases for any great length of time—not from causing a speedy cure, but owing to the patient's objecting to such energetic measures, they preferring the disease to the remedy. In the Transactions of the Indiana State Medical Society, 1869, will be found our protest against this very treatment.

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### MALIGNANT DISEASE OF THE EAR.

At a meeting of the Pathological Society, of Philadelphia, November 9th, 1871, (*Medical Times*,) Dr. Geo. C. Harlan presented the specimens from two cases of malignant disease of the ear. One, a little girl three years of age, had scarlet fever a year before, and had not been in perfect health since. No disease of the ear had manifested itself until a short time previous to report of the case. "Three months ago she became restless, and seemed in pain, and two months ago a slight discharge from the meatus was noticed for the first time. Two or three weeks ago there was some pain in swallowing; the parts about the ear were swollen, and her face was drawn to the right side when she cried. There was a fluctuating swelling beneath and behind the left auricle, from which, on incision, there was a copious discharge of offensive

pus." In the external meatus there was a large firm polypus, which was removed. The incision was kept open, and in about two weeks a fungous growth appeared. The polypus re-formed and sloughed away. The child died of exhaustion, and on examination an extensive erosion of the temporal bone was found. The growth was a round-celled sarcoma, with a net-work of bundles of spindle-celled connective tissue pervading it at irregular intervals in various directions.

The second specimen was from a woman of fifty-five years of age, and was of the size and shape of a hen's egg. "After several months of intense suffering, death resulted from direct extension of the disease to the brain."

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## Editorial.

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We are pleased to record the efficient management and status of the City Hospital. A portion of this improvement is no doubt to be placed to the credit (without disparagement of his predecessors) of the present superintendent; a portion to the new order instituted by the Board of (Medical) Trustees; but we can not help thinking that a large share of it is due to the greater interest taken by the Council. Whether this increased care has been brought about by giving heed to the advice of the only physician connected with that body we cannot say, but we do know that he, knowing, as he ought, the needs and necessities of hospitals, etc., should be consulted, and as far as those matters are concerned, his counsel should have weight. Hospitals, dispensaries, the working aids of sanitary means, etc., should not only be kept out of politics, but their legislative control should be by or through the advice of physicians.

We sometimes receive specimens of matter, powder, etc., mostly from non-professional gentlemen, to analyze, with the modest insinuation or broad assertion that the pay is to consist in the experimental use of such before the College Class, etc. We simply wish to say that we are supplied with such articles in sufficient quantities for such purposes. If those sending them feel inclined to pay a reasonable fee for the work, we will accommodate them with great pleasure.

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Our medical college at Evansville we hope is prospering. Why don't some of our friends in that city keep us posted? Medical schools may be thick in the opinions of some, but certainly the profession at large ought not to complain of added facilities of education.

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THE TRUSTEES OF RUSH MEDICAL COLLEGE TO ITS ALUMNI, GREETING: The last terrible conflagration which devastated so large and fair a portion of Chicago, swept out of existence nearly all of the material part of your Alma Mater. Rush Medical College exists to-day only in its legal organization, the lot on which the College building stood, the energy of its Trustees and Faculty, and the love and fidelity of its Alumni.

The College edifice, so recently and expensively erected, the chemical and physiological laboratories, the museum, and all the appliances of teaching are gone and a sad material ruin replaces them.

The Trustees are, however, cheered and encouraged by the expressions of sympathy and offers of pecuniary assistance which have come to them from many of the Alumni, in different parts of the country. The Alumni in Chicago have appointed a committee, to appeal to their brethren in behalf of their Alma Mater. This appeal the Trustees most heartily approve and endorse; and while all sums which may be offered will be most thankfully received, they are confident that fortune has



smiled on very many of the sons of "Old Rush," and that among these favored ones there are generous hearts, which will prompt to munificent donations. To such they make the following offer:

For every donation of five hundred dollars the Trustees will establish a perpetual free scholarship, which shall bear the name of the donor, and which shall be conspicuously emblazoned on the wall of the lecture room. A certificate of this scholarship, engrossed on parchment, will be issued to the donor; which certificate shall secure to the bearer free tuition, and when found qualified, free graduation. This certificate shall be perpetual in its operation; and thus the donor will have endowed for one student each year a Free Medical College.

WM. B. OGDEN, Chairman.

GRANT GOODRICH, Secretary.

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## Reviews.

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AN INTRODUCTION TO PATHOLOGY AND MORBID ANATOMY. By J. Henry Green, M. D., London, Member of the Royal College of Physicians, Lecturer on Pathology and Morbid Anatomy, at Charing Cross Hospital Medical School, and Senior Assistant Physician to Charing Cross Hospital. Illustrated by numerous engravings on wood. Philadelphia: Henry C. Lea. 1871.

This work, as its title implies, is strictly elementary, so says the preface; but unlike many elementary works it seems to be full and complete as regards first principles, upon subjects considered; so, that while it is clear for the student's use, it is a bound book for the more advanced pathologist.

A TREATISE ON HUMAN PHYSIOLOGY, Designed for the use of Students and Practitioners of Medicine. By John C. Dalton, M. D., Professor of Physiology and Hygiene in the College of Physicians and Surgeons, New York, Member of the New York Academy of Medicine, of the New York Pathological Society, of the American Academy of Arts and Sciences, Boston, Mass., of the Biological De-

partment of the Academy of Natural Sciences of Philadelphia, and of the National Academy of Sciences of the United States of America. Fifth edition, revised and enlarged, with 284 illustrations. Philadelphia: Henry C. Lea. 1871.

This work needs no comment from us. It is well known and justly appreciated. By the by, the long array of author's titles is a necessary evil.

TRANSACTIONS OF THE TWENTY-NINTH ANNUAL MEETING OF THE OHIO STATE MEDICAL SOCIETY. Held at Cincinnati, April 4th, 5th and 6th, 1871. Cincinnati: Bosworth, Chase & Hall, Publishers. 1871.

This is a rather a neat work of 351 pages, containing some very valuable and interesting papers. Our medical friends in Ohio are not dead or sleeping, and space will not permit us to review as fully as we would desire.

THE AMERICAN NATURALIST. A popular Illustrated Magazine of Natural History. Salem, Mass. September, 1871.

This is a double number, containing the papers read before the American Association for the Advancement of Science, held at Indianapolis, August, 1871. Every one who pretends to be interested in scientific matters should become a regular subscriber to this valuable Magazine.

THE GANGLIONIC NERVOUS SYSTEM—Its Structure, Function and Division. By James George Daney, M. D., M. R. C. S., Physician (Hon.) to the Stapleton General Dispensary, near Bristol; formerly Medical Superintendent (F. D.) of the County Asylum for the Insane, at Hamwell, Middlesax, London. John Churchill, New Burlington street. 1863.

In this we have rather an exhaustive treatise upon a portion of the nervous system, which, to our minds, has not, up to the present time, received the attention it deserves. That many of the functions of the body are under its control, and that its importance in the intricate workings of the system are greater than is generally acknowledged, we are firmly convinced.

The author takes a review of the opinions of various authorities from the earliest times to the present, as to

the structure, gradual development and functions of this distinct center or centers of nerve force, and although now and then his enthusiasm causes his thoughts to stray into paths where we cannot logically follow him, still a careful study of the work will enlarge our ideas by an increase of sound knowledge, for there is much wheat with a very little chaff.

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### Miscellaneous.

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ON COLOR TESTS AS AIDS TO DIAGNOSIS.—These tests, equally remarkable for their beauty and simplicity, were discovered by Dr. John Day, of Victoria, and their delicacy and reliability have been fully recognized by Prof. Taylor, who has repeatedly employed them in medico-legal cases. We quote from Dr. Day's pamphlet:

The guaiacum process for the detection of blood is an application of a discovery made by the late Prof. Schonbein, who found that peroxide of hydrogen, which, according to his views, is an antozonide and composed of water and antozone, is rapidly decomposed in the presence of blood, its antozone being converted into ozone by mere contact with the corpuscles.

About three years since I attempted to repeat the experiments by which Schonbein arrived at the discovery just alluded to, but found it impossible to procure the peroxide of hydrogen. It is a substance, as described by writers on chemistry, not only very difficult to make, and when made is so prone to decomposition that it can not be preserved without the aid of hydrochloric acid, and this renders it comparatively valueless as a test for blood in cases where great delicacy is required, oxidation and blueing of guaiacum resin by the action of ozone being checked in the presence of free acids.

There are certain drugs which have a special tendency

to absorb oxygen in this form and to become antozonized. There were, however, certain difficulties to be overcome before this process for the detection of blood could be made available in medico-legal inquiries; the greatest, perhaps, consisting in the large number of substances, both organic and inorganic, which set on guaiacum and turn it blue. This difficulty, however, is removed by the fact that, with one or two known exceptions, which may be easily recognized, they all set on the guaiacum alone; whilst blood produces no change in the color guaiacum, except in the presence of antozone. It is clear, therefore, that in testing for blood by this process we must always apply the guaiacum first, and if it be turned blue by the substance under examination, we may infer that it is not blood, or, if blood, that there is also some substance present that can blue guaiacum without the intervention of antozone.

The difficulty of recognizing the blue reaction on dark cloth at one time, threatened to mar the value of this process, but it has been overcome by the simple expedient of placing a piece of white blotting-paper over the cloth immediately after the tests have been applied, and gently pressing it. By this means perfect impressions of every minute spot of blue may be readily obtained.

I would much prefer, for medico-legal investigations, the use Robbins's Azonic Ether. The tincture of guaiacum used in this test need not be strong. It should be freshly prepared and in a perfectly oxydized condition. I make it for my own use by putting a few pieces of pure and unoxydized guaiacum resin into a small bottle and filling it up with alcohol; After shaking it a minute or two it is fit for use. It should be kept in the dark.

The test for pus is made by exposing a saturated alcoholic solution of guaiacum to the air until it has absorbed a sufficient quantity of oxygen to give it the property of turning green when placed in contact with iodide of potassium. Perfectly sound tincture of guai-



acum, such as should be used for the blood test, undergoes no change of color in the presence of iodide of potassium.

I can offer no very satisfactory explanation of the reactions which give rise to the blueing of oxidized guaiacum by pus. It may be that pus possesses the property of chemically polarizing the neutral oxygen contained in the tincture of guaiacum and splitting it up into ozone and antozone, and that the ozone thus generated oxidizes and blues the guaiacum. I may here remark that long exposure to air and light causes tincture of guaiacum to absorb antozone. It will then turn blue in the presence of blood alone, and is unfit for use in any of the color-tests.

The test for mucus consists in the application, first, of oxidized tincture of guaiacum, which by itself undergoes no change in the presence of mucus, and then, in the application of carbolic acid or creasote, which quickly changes the color of guaiacum to a bright blue, although neither carbolic acid nor creasote will blue guaiacum alone. In testing for mucus on cloths, or when it is mixed with blood, it is necessary to use the carbolic acid pure; but when the mucus is in a liquid state, it is better to use carbolic acid diluted with alcohol.

The test for saliva is similar to that for mucus, with the exception that the blue reaction produced by the oxidized tincture of guaiacum and alcoholic solution of carbolic acid is highly intensified by the addition of ozonic ether, or by other antozonied fluid. That this is not due to the presence of blood may be easily proved by placing a small quantity of saliva in a test tube and allowing it to stand for a few days; on carefully taking one drop from the surface and applying the test for saliva, the above named indications may be obtained, but on taking a second drop and applying the blood-test, a negative result will ensue.—*Medical and Surgical Reporter.*

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THERE is one matter, however, to which the Faculty of the Harvard Medical College can hardly have given the attention which its importance deserves. We mean the subject of instruction in Medical Jurisprudence. Dr. Cheever devotes to it, in his recapitulation, a very few words, but these so distinctly state the intended policy of the Faculty, that we present them entire.

“Medical Jurisprudence,” says the Faculty, “is a subdivision of our art about which we should know something, as those learn to their cost who are called into court to testify. Most colleges give a short course on it. It is naturally divisible into two parts: *First*, The rules of expert testimony and the practice of courts of law, which would be best taught by lectures from a jurist: and, *Second*, Expert testimony in toxicology, in surgery, in anatomy, in psychology, and in obstetrics, which would be better learned in connection with each of those departments.”

With reference to the above argument, it has a certain speciousness that at first sight might cause it to be accepted. Judged by the usual standard of instruction in Medical Jurisprudence, certainly as it has hitherto been taught in the Boston School there can be no doubt that it has practically amounted to little or nothing. Here in Boston the course in this department has been merely in name, one of the several cheats upon which much of the old “sham” respectability of the School used to rest. Medical Jurisprudence was merely an appendage to the midwifery chair; and not merely this, but it had to share its little fraction of attention with other important departments, which, though each deserving of special attention at the hands of teachers who are really masters in their art, still remain, we trust not intentionally, in undeserved obscurity and neglect.

One great cause of the ill name that the Faculty seem inclined to attach to Medical Jurisprudence as a separate branch of study, is undoubtedly owing to the fact that

those who have attempted to teach it have usually been lawyers who knew nothing whatsoever of physic, or doctors who knew as little of law. And yet it is just precisely this same method, save that its folly would be intensified by subjecting the student to a pair of one-sided and therefore partially ignorant teachers instead of, as now, to a single one, that the Faculty wish to be permitted again to establish.—*Journal of the Gynæcological Society of Boston.*

MEDICATED BOUGIES FOR GONORRHŒA.—Dr. C. J. Cleborne remarks on the use of "Medicated Bougies in Gonorrhœa." For over ten years I have used medicated urethral bougies in the treatment of this disease, and also gleet, but, I must confess, without much better success than I obtained from the use of astringent injections carefully and faithfully employed. At first I used pipes of astringent substances, but found them objectionable on account of their friability, breaking off in the urethra, etc. I then formed bougies out of a rod of lead of the proper thickness, by cutting them the required length, carefully rounding the extremity of each; and after splitting the top of the bougie to the extent of a quarter of an inch, the ends were flattened. Then by punching a hole in two narrow strips of isinglass plaster placed crosswise, and thrusting the rod through the opening thus made, a lead urethral bougie is formed, which may be used alone or medicated with astringent or sedative substances. Before the bougie is introduced it should be dipped into warm oil or water; and after its insertion the strips of isinglass plaster are to be moistened and applied to the glans penis. In this manner the bougie is firmly secured in place, and, if necessary, the patient can pursue his ordinary avocations without interfering much with the treatment. In some cases the simple introduction of this lead bougie has been found of use. By immersing it in acetic, nitric, or other acid,

until a coating of the compound thus produced was obtained, and then inserting it into the urethra (allowing it to remain from a few minutes to one or more hours), a speedy cure has in some cases followed. I have sometimes with advantage coated a smaller bougie with carbonate of lead, mixed with cocoa-butter to a consistence hard enough to admit of introduction into the urethra, and yet to melt at temperature of body. In this way the extracts of opium, belladonna, hyoscyamus, etc., tannin, and the various astringent preparations of lead, zinc, etc., may be introduced. Soluble substances may be combined with a solution of gelatine, and the bougie dipped into this preparation until a sufficient coating is obtained. The advantage of this mode of treatment is its convenience, as well as the certainty of having the astringent or sedative substance in constant contact with the affected parts; but invariably success is no more to be expected from this than from any other method.—*Medical Record.*

CELL OR SKIN GRAFTING.—Having had some experience in this exceedingly interesting practice, and having carried it farther than any of whose experiments I have read, I propose to give my “experience,” or rather the results of my observations.

I have practiced three methods: 1st, that of snipping off portions of true skin with the epithelial layer; 2d, scraping off the epithelial layer; 3d, removing sheets of detached portions of epithelium, and transplanting these to the surface of ulcers not inclined to heal.

The first method is more tedious, requires more care, and is less satisfactory than either of the others. As recommended, I took bits of skin about half the size of canary seeds, and these were carefully placed with the cut surface on the clean surface of the ulcer. To accomplish this, I take a fine cambric needle, fix it in a handle, pass it through as small a piece of skin as I can, and



then pass a sharp knife, with a sawing motion, under the needle, with the side of the knife closely pressing the needle, so as to cut the skin at the point where the deeper surface of the needle is in contact with it. I then lay the needle on the ulcer (with the graft upon it) in the same relative position it was upon the skin, dip the point of my knife in water, and placing it back at right angles upon the needle, draw the needle out from eve to point, thus sweeping the graft from the needle and leaving it on the ulcerated surface. Then I apply a pretty thick layer of simple cerate on lint, and cover the surface with it. A pad of cotton wool, and finally a bandage smoothly applied, complete the process. The dressing is not changed for a week. At the end of this time it is probable no trace of the grafts can be recognized; in one week more they will be apparent, and at the end of a month they will be found as large as the finger nail.—*St. Louis Medical and Surgical Journal*.

THE SOCIAL EVIL IN SAN FRANCISCO.—This subject was the theme of discussion at the meeting of the San Francisco Medical Society, September 26th. There appeared to be but one sentiment among the members, and it found expression in the unanimous adoption of the following resolution :

*Resolved*, As the sense of this Society, that all laws which license, and therefore sanction, prostitution, with the design of restraining disease or licentiousness, are unsound in principle, derogatory to private and public morals, and incapable of accomplishing what they attempt.—*Pacific Medical and Surgical Journal*.

## Chemical and Scientific.

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POISONOUS COLORS.—The result of some recent experiments by Mr. Guyot, upon the poisonous qualities of certain products of the phenyl group, are summed up in a late communication, as follows: That azuline is or is not poisonous, according to its method of preparation; when it contains an excess of aniline it is poisonous; and when prepared with poisonous coralline it may contain phenol, and in consequence act upon the epidermis. Prepared with rosalic acid, even itself poisonous, azuline may be harmless when it is properly washed. Lydine purified, or free from prussiates and from aniline, does not act upon the skin. This purification of lydine is best accomplished by means of a succession of solutions in alcohol and a partial precipitation by the aid of soda. Azuline and lydine may be employed in dyeing and in the printing of cloths.—*Journal of Applied Chemistry.*

REMOVAL OF DRIED ALBUMEN FROM VESSELS.—According to Dr. Steinde, vessels in which albumen or albuminous mixtures have been kept can be best cleansed by a mixture of equal parts of a saturated solution of a double bichromate of potash and sulphuric acid. Even burnt albumen is so far destroyed in a short time by this mixture that the vessel can be cleaned very readily by means of warm water and a brush.—*Journal of Applied Chemistry.*

EDIBLE EARTH IN JAPAN.—Prof. Fuchs has examined an edible earth from Japan. It is formed into cakes 1 to 1½ inches thick, dried over an open fire, and thus brought to market. It has an intensely red color, soapy feel, and no grit, and its ingredients are in the finest state of division. A careful analysis did not reveal the

least trace of organic matter. It was found by Prof. Fuchs to consist of:

Silica,	. . . . .	50.63
Alumina,	. . . . .	21.32
Oxide of iron,	. . . . .	10.47
Water,	. . . . . ,	12.96
Lime,	. . . . .	2.40
Magnesia,	. . . . .	0.33
Potash,	. . . . .	1.02
Soda,	. . . . .	0.23

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99.37

It is, in fact, a ferruginous clay, with accidental admixtures of potash and soda. Japanese take it in small quantities, not to still hunger, but on account of the agreeable fatty taste in the mouth. In some parts of Wurtemberg the hunters eat the soft clay that is found between the layers of rock; they call it "Mondschmalz." —*Journal of Applied Chemistry.*

MERRIMACK RIVER WATER.—The river and its tributaries probably turn more wheels than any other in the world, and the amount and variety of industrial products manufactured upon its banks are greater than are produced in any section of county of equal extent. The saw-mills, grist-mills, paper-mills, etc., on the small tributaries are counted by hundreds, while on the river itself are the great manufacturing towns of Manchester, Hookset, Lowell and Lawrence.

The waters flowing through or past such sources of contamination would naturally be supposed to become loaded with filth, and to be rendered wholly unsuited to any domestic uses. We have recently been employed to make chemical analysis of the river water at Haverhill, a city about eight miles below Lawrence, and consequently below all the large manufacturing establishments upon the stream, and the results are quite unexpected. Instead of finding a large amount of or-

ganic matter, it is actually less than is found in many streams flowing through the same region of country, upon which there are no manufacturing establishments. The results of two careful determinations gave precisely equal amounts of organic and inorganic constituents in the water. In the imperial gallon there was contained of

Organic matter, . . . . 1.75 grains.

Inorganic matter, . . . . 1.75 "

The specimen of water was perfectly clear, and without special odor or taste. What becomes of the vast quantities of dye liquors, wool washings, soap and starch solutions, animal excrement, etc., which are poured into the river above? This is a question somewhat perplexing. At the present time, owing to the drought, the water in the river is low, but still the volume is not small. It is probable that the impurities thrown into the stream are precipitated upon the bottom, or lodged upon the rocks and shores, before proceeding far on their course, and remain where they are deposited until the spring freshets occur, when the river-bed receives a thorough cleansing, and the sea swallows up the filth. A comparison of the Merrimack River waters with those of the English and Continental streams, upon which manufactories exist, gives the following result:

	Total solids in 1,000,000 parts.	Organic.
Merrimack, . . . .	60.	30.
Thames at London Bridge, . . . .	408.4	100.
Thames at Chelsea, . . . .	304.	34.
Clyde above Glasgow, . . . .	116.1	26.1
Rhine at Strasburg, . . . .	169.4	3.3
Penk near Wolverhampton, . . . .	325.	68.6
Hawswater, Cumberland, . . . .	57.	9.

It will be noticed that the amount of organic matter found in the Merrimack is exceeded only by three of the streams in the list, while the amount of solid matter is less than any, with one exception.—*Boston Journal of Chemistry.*



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## Original Communications.

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### ACUTE EXHAUSTIVE INSANITY.

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READ BEFORE THE INDIANAPOLIS ACADEMY OF MEDICINE, BY  
W. J. ELSTUN, M. D.

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Of the various forms and conditions of insanity, none present themselves for admission into hospitals so hopelessly as those acute cases in which the disease has already committed such destruction of the physical and vital forces as to place the patient beyond the reach of regimen, nourishment, or medicine.

The annual reports of all hospitals for insane, show a large per cent of deaths among recent admissions from this reason. It is, consequently, the custom with some institutions, to report those cases which are admitted in a condition prognosticating speedy dissolution as, "admitted *in articulo mortis*." This is the actual condition of a few, while in many other cases, if not already in a progressive state of dissolution, it is evident that exhaustion has reduced the subject to a condition from which there can be no relief; and this patient must inevitably add one more to the mortality list of the unfortunate inmates of the institution to which he has vainly resorted for assistance.

These cases are mostly of the form of acute mania, but may be, although much less frequent, acute melancholia, or acute dementia, and are of short duration, having arisen from some direct and overpowering cause, a sudden and severe mental shock, or emotion, as fright, grief, loss of property or other reverses; some direct physical cause, as concussion, insolation, overexertion, mental or physical, prolonged loss of sleep; or sometimes from a generally depraved state of the system, the brain being no longer able to contend against the morbid conditions yields up its functions, and the mind is dethroned.

Of the pathological conditions of these cases, our own hospital affords no opportunity for practical or post mortem observation. Cases have rarely been examined; really none within three or four years. Prior to this a few cases were examined, but troubles, and interferences from various sources have prevented further attempts. It may indeed be considered almost useless to take advantage of, and examine the occasional case in which no one might object or interfere, while the large number, equally interesting must go unseen. The physician is consequently compelled to grope his way in comparative darkness respecting the actual pathological conditions of the next similar case which may fall into his hands.

It is still hoped, as has already been often repeated, that in view of these facts, which pertain not alone to hospitals, and the urgent necessity for some legalized means of gaining this invaluable kind of knowledge, that the medical societies, the medical college and hospital men of the State, will present themselves in force, and with persistence, to the next legislature and urge the passage of some rational measures to this effect. The State of New York has accomplished this end, but only after several years of perseverance on the part of some of her ablest medical men. Within a few years the legislature of New York has passed a law appointing a Special Pathologist, for the State Hospital for Insane, at

Utica. The Pathologist was appointed, and the annual report of that institution for 1870, gives detailed reports of seventeen post mortem examinations, from which much information may be gained, especially in the cases of acute exhaustion, in most of which there was more or less direct lesion of the brain or its membranes, as well as other signs of the peculiar nature of the disease.

The following cases will illustrate the class under consideration, showing their condition when admitted, the progress of exhaustion, and the duration of disease:

Case I. Male, age 48, married, farmer. Exciting cause, insolation while harvesting wheat. Acute mania, duration before admission, ten days. Previous medical treatment not stated. Much exhausted and emaciated, but exhibited considerable strength. Had taken but little nourishment since the attack, and had slept but little. Now apparently without consciousness, and is with difficulty prevented from bruising himself. Pulse small and rapid; tongue furred and moist. Bowels were found to be constipated. Some nourishment and stimulants were forced upon him, but without effect. On the fifth day after admission his strength gave way, and he gradually became quiet. Twenty-four hours before death he was comatose, and died on the seventh day in the hospital.

Case II. Male, age 63, married, farmer. Exciting cause, financial embarrassments. Acute mania, duration three weeks. Very strong, and difficult to manage; constantly in violent motion without any purpose. At home would not take any medicine or nourishment, and slept but short periods, these being at long intervals. Pulse could not be ascertained with accuracy. Did not show great emaciation, considering the long abstinence from food. Sordes on lips and tongue. No means applied after admission produced the slightest amelioration of the symptoms. He continued to be violent until a few hours before death, and died on the seventh day in the hospital.



Case III. Male, age 45, married, no occupation. Exciting cause intemperance. Acute dementia, duration one month. Quiet and talkative, but incoherent, partially lucid at intervals. Would often weep when he could not follow his own inclinations. Physical condition feeble; from corpulency was much emaciated. Skin icteroid, evidencing great biliary disturbance. There were also symptoms of general paralysis, there being marked muscular incoordination, shown in difficulty of speech, locomotion, and in movements of the hands. From the beginning of the attack he had eaten insufficiently, and for the two weeks prior to admission scarcely anything, imagining that food would poison him. Previous medical treatment not ascertained; but he was said to have taken quantities of hydrate of chloral, to induce sleep. He was treated at the hospital with stimulants, tonics, nourishment as far as practicable, bathing, etc. For some days he ate irregularly, but never sufficiently. He grew steadily more incoherent, and consciousness became more limited. After a few days he was obliged to keep his bed, being unable to walk. He would now soil his bedding and room, mostly at night, with his excrements. On the fifteenth day he became comatose, pulse scarcely perceptible, respiration slow and stertorous, breath very offensive; sordes on lips, teeth and tongue; could swallow nothing. After forty-eight hours he revived, and could talk better than before. For three days took beef tea and other food in sufficient quantities. Would get up and walk from his room into the hall, or stand at the door calling to his attendant that he was ready to drive, etc. After this, for three days he would sink into profound coma for a few hours, and again revive. He was becoming very weak. The last return of coma continued forty-eight hours, and ended in death on the twenty-fifth day from admission. This case was much complicated; besides chronic alcoholism, there was probably biliary and uraemic poisoning.



Case IV. Mrs. A. B——, age 24. Acute mania of three weeks duration had followed parturition, and the mysterious disappearance of her husband two weeks previously. During her mania she had been very restless, often violent, which, in addition to the recent event, had brought her to death's door before she reached the hospital. She was carried in, and when placed upon a lounge in the office was evidently *in articulo mortis*. Stimulants were, however, administered, and she rallied sufficiently to survive thirty-six hours.

These are a few examples of cases constantly occurring in our own, as in other hospitals. That acute insanity and not alone mania, but also acute melancholia, and acute dementia, is progressively destructive and often irremediably fatal, is patent to all who have many cases of insanity under observation.

Whether the origin of the mental disease be organic or psychological, the organic structures and their functions are soon impaired,—if even acute organic disease do not immediately supervene;—the physiological and vital forces become exhausted, and life is, per consequence, extinguished.

In many cases of mania there is great physical strength exerted almost to the last moment. The failing powers seem determined not to yield; the physical is reaching out, and reaching out into the darkness and doom of this infernal madness, each effort but extinguishing another vital spark, with no hope for rest, relief, or recuperation; it is only the wreck struggling against the storm which is buffeting it on to speedy and relentless destruction, while the hour is not distant when to cease the struggle is to sink beneath the tempest.

Were it possible to prognosticate with any degree of certainty the result of such cases, it would be better that many of them remain at home to die among their friends, since that event may soon be looked for; and it is often a source of much regret to friends that they had com-

mitted a member of the household to a strange, and perhaps distant place to die so soon. It is not always possible to so determine the result, for perhaps the fatal exhaustion is not yet apparent, and it is important that the patient reach the hospital as soon as practicable after the attack, it may be better to go at once. Some cases, moreover, recover after the worst of appearances on admission, while others not especially unfavorable may become so very quickly.

There are a few cases, however, in which it would appear that a reasonable discrimination should have pronounced the patient too far exhausted for removal from home. Where symptoms of exhaustion are apparent or probable, the attending physician should prudently advise a visit and an examination of the general physical conditions of the patient before the trip to the hospital is undertaken.

Unfortunately there is little of either benefit or amelioration to be derived from medicating some of these cases, whether at home or in the hospital. That they are always medicated at home, and often unfortunately so, may be readily inferred from the fact that the case is desperate and something must be done. The most powerful medicines will have little or no perceptible effect, and the doses are increased until in addition to the original malady the patient may be overdosed with narcotic or other poisons, thus seriously complicating the difficulties.

On the \**"Use and Abuse of Sedatives in the Treatment of Insanity,"* the following remarks are quoted from the President's address, delivered to the Medico-Psychological Society, in London, August 3d, 1871, by Prof. Henry Maudsley, who says:

"In brief, then, it seems to me that we are yet grievously in want of exact information with regard to the real value

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\**Journal of Mental Science*, October, 1871.

of sedatives in the treatment of insanity. Everybody gives them because there is mental excitement, and it seems a proper thing to subdue the excitement; but is it quite certain that it always is a proper thing to stifle excitement in that way? \* \* \* \* And if a patient be maniacal by reason of some poison in his blood, bred in it, or introduced from without, as there is reason to believe a patient may be, is it rational treatment to quiet him at any cost by large and repeated doses of some sedative drug? Let a person be poisoned by belladonna, and he will have hallucinations of vision, and will ramble in the most incoherent fashion—will be an artificially made lunatic. Who would, if called to treat him, prescribe a dose of chloral or a dose of opium? \* \* \* \* Moreover, if the excitement be not caused by blood-poisoning, but by something else, have we any scientific certainty that so long as we know not what that something else is, we are not doing mischief rather than good by giving sedatives? \* \* \* \* No one, so far I know, has ever yet tried the experiment of treating one case of acute insanity without giving any sedative whatever, and of treating another case as nearly like it as possible, with sedatives, and of observing the results. \* \* In all cases my aim is to dispense with sedatives as far as I can; and it often seems to me that the patient begins to improve when he begins to do without them. \* \* \* In fact, the question is a larger one—whether the forcible quieting of a patient by narcotic medicines does not diminish his excitement at the expense of his mental power,—whether it is not, in fact, ‘to make a solitude and call it peace.’”

So much is quoted from Prof. Maudsley because he is good authority. But, as may be inferred from these remarks, he does not propose a definite method of treatment. Consequently we are left to the practice of our empiricism upon each new case; for, as we do not know the actual pathological and physiological conditions in any given case, we can only give remedies in accordance with external symptoms, and await the result. All the physical conditions must be carefully investigated, as far



as practicable, and treatment directed by the ascertained facts. When one means shall fail, use another with care and caution, always avoiding doses and quantities of powerful drugs which would be perilous to one in a state of health. Should there be probable brain inanition, and excitement from nervous weakness, prolonged mental exertion, or wakefulness it will be probable that nourishments and stimulants may bring rest, recuperation, and benefit. When inflammation is apparent, treatment should be properly addressed. There is often indigestion, and torpidity or partial paralysis of the bowels. Judicious treatment should be employed to restore these functions. The general secretions are also frequently disturbed, and require attention.

All efforts in the way of treatment, and too the best of treatment, will often fail of restoration; but when all has been done which science and judgment dictate, and the patient has not suffered from the physician as well as the disease, the duty of the physician is probably well done, and he may find relief in disposing of a troublesome case to the care of a hospital, if it do not succumb on his own hands.

In conclusion, I believe it is, as previously indicated in this paper, not only a matter of justice to managers of institutions for the treatment of the insane, but also an act of mercy and charity toward a sorely afflicted, and for the time irresponsible, class of medical cases to urge upon the profession, whenever such cases shall fall into any one of their hands, to so carefully discriminate in regard to the probabilities of the case, as to be able to advise against the removal from home any patient who may in all rational probability die within a short time.



## REFLEX PARALYSIS.

BY WM. H. BELL, M. D., LOGANSPOUT, IND.

In entering into a study of paralysis, whatever its variety may be, we have always presented for our consideration three main factors, which, united, form the ground work, as it were, for the deposit and arrangement in proper order of any items of truth that our powers of investigation may be able to bring together; and to build up, as far as possible, an intelligible superstructure. The factors alluded to are briefly these: The cerebro-spinal centers, with their attendant nerve branches, the sympathetic ganglia, and that peculiar principle nerve force which is elaborated in the nerve cells of the brain and cord.

A description of the anatomical arrangement of the brain, spinal cord, and the sympathetic ganglia, however brief, would encumber a short article like the present so that in this place allusion to them will have to suffice. Physiologists have been divided in opinion respecting the nature of nerve force. Some have claimed, and have endeavored to establish with able arguments, that it is a species of electricity. Others again, recognizing the different forces or powers existing in nature, such as mechanical power, heat, chemical power, and magnetic power, believe it to be united in a bond of relationship to one of these, and, as a consequence, closely related to electricity. Indeed, they maintain that before a long period has elapsed, the advancement of science will enable them to demonstrate, by some hitherto unknown method, that an equivalent of nerve force may be converted into an equivalent of electric force.

A third class regard the *vis nervosa* as essentially vital, wholly unlike anything else in nature; and they show conclusively that it can only be generated in a collection of nerve cells; and for the accomplishment of

which, these cells must be in a state of vitality. By a course of well regulated experiments they ably maintain the ground they have taken, and we can not but acknowledge the truth brought out in their investigations.

We all know that a current of electricity is readily conducted along a metal wire of any description; but if a nerve cord is divided, and a piece of iron wire inserted between the cut ends, no current passes from the nerve over the wire. This fact also holds good where a severed nerve trunk is accurately adjusted—the above result likewise being obtained. The application of cold to a nerve lowers its ability to transmit the nervous current. We have all realized the truth of this statement in the numbing sensation that creeps over an extremity when exposed to a low temperature. On the other hand, cold increases the ability of solids to conduct electricity. If the internal structure of a nerve is injured, either by being bruised or tied tightly, the passage of nerve force is interfered with. Now this fact does not obtain, as regards electricity.

Thus, I think, we may safely conclude that the *vis nervosa* is peculiar to itself, and that it is formed only in the nervous tissue.

I have thus, at some length, dwelt on this peculiar force because I conceived that a proper knowledge of it was essential to the right estimation of the phenomena of paralysis.

The great light that has of late years been thrown upon the physiology of the nervous system now enables us to state with certainty that the gray substance of the brain and nervous centers is the source of nerve force, and that the nerve fibres are the channels by which it is transmitted from the centers to the surface.

Paralysis is nothing more or less than impaired capacity, either for transmitting the nervous current along a nerve or for receiving its impression in the gray cells

which, aggregated, form a nerve center. The greater this incapacity, of course the more profound is the paralysis, and, as a natural sequence, all those conditions attending it are intensified.

The causes operating toward the impairment of this peculiar function are numerous; and it is according to the locality affected that writers on the subject have divided paralysis into centric or excentric. Centric paralysis being beyond the province of this essay, will, of necessity, be passed by without further comment. Indeed, it is merely my purpose to draw attention to two varieties of the paralyzed condition which are included under the division excentric, but which, in reality, should be placed in a separate class, inasmuch as there is no pathological change discernable in one of the varieties about to be described, and but a scarcely recognizable departure from the normal condition of the other. The subject of our study grows in importance, when we take into consideration the fact that it is a condition of frequent occurrence, notwithstanding the former opinion of able pathologists who sought to assign as its cause some pathological change, the result of inflammatory process, or other condition resulting in an alteration of the minute anatomy of the part affected. That such frequently is not the case, but, on the other hand, that reflex paralysis itself a condition, as its name implies, existing without change of cell structure, is met with in the practice of every physician, and should be recognized as such, is a fact that requires no argument to establish its truth on my part.

The following cases, taken from my notes, will serve to illustrate the former of the two classes designated, viz: paralysis resulting from suspension of nerve function without pathological change occurring either in the nerve fibres or in the nerve centers:

E. H., æt. 14; small for her age, and, at the time of observation, poorly nourished; was removed, in the



summer of 1867, to an asylum for the insane, with which the writer was at that time connected, there to be treated for mental disease. The history of her case was as follows: About six weeks previous to her removal from home, her parents observed that she walked with an unsteady gait, and that her mind, which before had been noted for its quick perceptive faculties, had become dull and obtuse. A few days' rest at home apparently removed the difficulty, when she was again permitted to attend school. The above symptoms, however, speedily returned. Paraplegia rapidly developed itself, and, simultaneously with it, almost total annihilation of the higher cerebral functions. She ceased to recognize her relatives, and her health steadily declined until her helplessness was complete. Upon admission into the asylum an examination revealed the following facts: There was paralysis of motion in the lower extremities, apparently more complete in the extensor than in the flexor muscles. There was, likewise, incomplete paralysis of sensation, varying in intensity; at times well marked, and at other times almost disappearing. The integument was shriveled and the muscles were flaccid. She still retained power over the sphincters of the rectum and bladder, and the urine was slightly acid and free from mucus, or lithic or phosphatic deposits. Her mind displayed a most singular condition. She was not insane, because all the faculties of the mind, except perception, were, for the time, obliterated.

To particularize: The sensory ganglions all retained the power to receive impressions; but these impressions were not registered in the higher regions of the cerebrum, consequently she had no ideas, and having no ideas, there was no emotion, no volition, and no memory. Her mental condition, in short, much resembled that of a child three or four months old. Instinct prompted her to seek food; but that instinct, which is developed in many of the lower animals as a result of a



species of education which nature has fitted them to receive, and which enables them to avoid danger, was totally wanting in her case. There was no history of syphilitic or scrofulous taint in her family. She had never fallen in a fit, nor had she at any time complained of pain in the head, or vertigo. There was no alteration in the pupil or pulse from a healthy standard; and on making pressure over the spinous processes of the cerebral, dorsal, or lumbar vertebræ no tenderness could be detected; and, besides, any of the soft parts which had been subjected to pressure, displayed no disposition to slough. There was no spasm of any muscle or any set of muscles. Indeed, with the exception of the existing paraplegia, all the symptoms that would indicate an attack of spinal meningitis or myelitis were wanting. A course of iron, and afterwards of quinine and strychnine, with baths, counter-irritation, and a nutritious diet, were attended with great improvement in her general health, without, however, having any influence on the paralyzed state of the lower extremities, or causing any change in the mind.

One day, about three months after her admission, her nurse reported that she had passed, in her stools, a number of small worms; upon which I directed an injection of the tr. ferri chlor., with infusion of quassia to be administered, which removed from the rectum an immense number of ascarides. About three hours afterwards she was found, by her nurse, weeping copiously, asking for her parents, and in exceeding alarm and bewilderment at finding herself alone amongst strangers. In the course of twenty-four hours the paraplegia had disappeared, and she was soon after enabled to return home to her friends, apparently recovered.

I. B., æt. 40, came under my care about eighteen months ago, with cystitis and prostatitis. In all probability cold was the exciting cause, as I could glean no history of gonorrhoea, stricture of the urethra, stone,

or injury to the bladder or spine. His sufferings were most acute; he was obliged to void his urine every ten or fifteen minutes; large quantities of stringy tenacious mucous, tinged with blood, frequently impeded the act of micturition and increased his sufferings. One morning, about ten days after the initial vesical symptoms had displayed themselves, he discovered a numb sensation in the right foot and leg, which gradually extended to the left leg. The day following, he found that he was unable to support his weight in the erect position, and, by degrees, all motion in the lower extremities became obliterated. As the paralysis of motion increased, the anæsthesia subsided without formication or other abnormal sensation. Percussion over the spine, or the application of a hot sponge, gave no pain. There was no feeling of constriction around the abdomen or thorax. The contents of the rectum were retained without trouble. The urine was slightly acid, and sufficient in quantity. Treatment directed to the bladder, gradually brought about a solution of the urinary symptoms; and quinine and strychnine, persevered in for some time longer, removed the paralysis; and the man now, for all I know, is as well as ever he was.

Dr. Stokes,\* of Dublin, draws attention to a case of reflex paralysis, caused evidently by exposure to cold and damp. The first sensation noted was a numbness of the feet and legs, followed by tingling pains along the course of the nerves. Finally there was complete loss of power in the lower extremities. His bowels were obstinately constipated, and he was frequently compelled to empty his bladder. After a protracted illness, death resulted, when a post mortem examination disclosed no pathological change in the cord or nerves to which the paralysis might be attributed.

Dr. Graves, in his valuable lectures on Clinical Med-

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\* Graves' Clinical Lectures on the Practice of Medicine, p. 381.

icine, records a case of paraplegia from the same cause. His patient at first thought the numbness and weakness he felt in his feet were caused by over-exertion. Complete loss of muscular power supervening, Dr. Graves was called, when on examination he could detect no pain in the back, no tenderness, nor any evidence of cerebral disease. In alluding to the treatment of this case he observed: "I looked upon it as an instance of imperfect paraplegia, in which the paralysis apparently arose from impressions made upon the sentient extremities of the nerves of the legs and feet at a time when these nerves were particularly liable to be deranged in their functions, from the previous use of mercury. I therefore had recourse to remedies directly applied to the extremity of these nerves, and fortunately succeeded in restoring this gentlemen to the use of his limbs.

Dr. Gall, in Guy's hospital reports for 1858, publishes a case of reflex paraplegia following upon sexual excess. After death, a microscopical examination of the cord having been made, nothing abnormal was discovered in it or its investing membranes. This, as Dr. Handfield Jones remarks, in his observations on the case, "was paralysis from simple exhaustion, and should be distinguished as simple or neurolytic."

Dr. Watson, in his lectures on the "Practice of Medicine," gives a most remarkable example of the effects of cold. He says: "A lady between twenty and thirty years of age, suffering from slight leucorrhœa, was directed by her physician to use the cold hip bath. Mistaking, I believe, his instructions, she sat in the cold water for twenty-five minutes, on twelve successive mornings in the month of February. On each occasion she came out of the bath benumbed. At first the numbness was transient, but at length it became permanent. When I saw her the sensibility was nearly extinct from the level of her body, which the cold water reached,



downwards. The parts were not destitute of feeling, but seemed to her as if muffled. She scarcely knew when her legs touched each other, nor whereabouts they were when she was lying in bed. She walked in an awkward manner, and said her legs felt large and heavy; and if one of her shoes slipped off, she was not conscious of it. The inclination to make water came suddenly and with hurry, and the urine sometimes escaped from her unawares. Her bowels were never relieved without the aid of purgatives, and then with similar haste. The pulse was plainly to be felt in the tibial artery." Under proper treatment she recovered.

Churchill\* observes, that pregnancy has been known to cause reflex paraplegia—the paralysis terminating at the end of gestation.

Tanner† gives an interesting case, where he was called to see a lady in whom complete paralysis of motion involved the lower extremities at about the sixth month of utero gestation. A week before delivery she suffered from retention of urine, and, in addition, was unable to retain, for any considerable length of time, the contents of the bowels. Complete recovery took place about five weeks after parturition. Pressure of the gravid uterus could not be the cause in this instance, because it commenced at such an early date that the small development of the uterus could have but little influence in its causation. It seems most reasonable, as Dr. Tanner observes, "that it rather seemed to be owing to an irritation springing from various sensitive nerves, and to be allied to that form of paraplegia which is sometimes due to disease, and particularly to displacement of the virgin uterus."

Without attempting to enumerate all the causes of this affection, it will serve our purpose to mention the follow-

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\* *System of Midwifery*, 1860, p. 156.

† *Signs and Diseases of Pregnancy*, 1868, p. 335.



ing: Dysmenorrhœa, metritis, stricture of the urethra, gonorrhœa, Bright's diseases, teething, emotional causes, severe mechanical injuries to the lower extremities, especially gunshot wounds. Indeed, it is not too much to say that, in some peculiar states of the constitution, wherein the excitability of the nervous centers is much involved, a source of irritation, whatever its kind, applied to the ends of the sentient nerves of the lower extremities, or of the pelvic viscera, may give rise to that peculiar variety of reflex paralysis we have been describing.

Various authorities have enumerated different ways in which to describe the manner reflex paraplegia, or, indeed, reflex paralysis in any locality, is produced.

Mr. Stanley\* thought that it should be attributed to the direct influence on the spinal cord, of irritation proceeding from the peripheral nerves, and that this was reflected to the muscles in the form of paralysis. This explanation, however, is far from satisfactory.

After a long course of experiments Dr. Brown-Sequard† came to the conclusion that reflex paralysis was the result of impressions conveyed to the cord from the extremities of the sentient nerves. These impressions were reflected to the sympathetic ganglia, and a peculiar excitable condition of these centers having been induced, contraction of the minute blood vessels, of the parts supplied by their influence, took place, and, as a direct sequence, paralysis followed. He imagined that this contraction of the small vessels might take place either in the cord, in the motor nerves, or in the muscles themselves. This was a great advance on neuro-pathology, and a decided step towards removing it from the region

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\*On Irritation of the Spinal Cord, etc., *Medic. Chirurg. Transactions*, vol. xviii, p. 260.

†Lectures on Diagnosis and Treatment of the Principal Forms of Paralysis of the Lower extremities. Philadelphia, 1861.

of speculation and uncertainty, where it had so long remained, and placing it in the established light of exact science.

To Brown-Sequard justly belongs the honor, so far as I know, of having been the first to definitely point out the influence, the sympathetic exercises over the vascular system, and to demonstrate that impressions, acting upon the ganglionic nerves according to their nature, produced either contraction or dilatation of the blood vessels.

Dr. Hammond,\* while not accepting in toto the views of Brown-Sequard, nevertheless agrees with him in this, that the paralysis is due to anemia; but whether it is due to anemia caused by spasm of the intra-spinal vessels, or to exhaustion, he regards as a matter not yet satisfactorily settled. Dr. Hammond locates the anemia, and consequently the seat of paralysis, in the antero-lateral columns of the spinal cord.

The physician, having arrived at the bedside of a paralytic patient, will immediately have to ask himself the question, whether he has to deal with a case of paralysis originating in the cord, or elsewhere. Should he discover that the paralysis is not extreme, the limbs still possessing some degree of motion, or that one muscle or set of muscles are implicated to a greater degree than contiguous parts; that the sphincter vesicæ and the sphincter ani are not implicated; that the urine is not alkaline, and that the affection, having supervened suddenly, is inclined to remain at about the same standpoint, neither growing in intensity or disappearing; should he observe that there is little or no anæsthesia, hyperæsthesia, or other disorder of sensation; no tenderness over the region of the spine; no loss of volume in the paralyzed parts; that electro-muscular irritability is not impaired, and that reflex excitability is unaffected;

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\*Hammond's Diseases of the Nervous System, p. 435.

and especially should the case be attended with diseased processes going on in the uterus, in the bladder, in the urethra, kidney, stomach or intestines, or has suddenly followed exposure to cold and damp, he will be warranted in strongly suspecting, nay, saying, to almost a certainty, that the loss of muscular power is not due to pathological changes in the cord, but that it is reflex. Should, however, myelitis exist, the reverse of the above symptoms will be observed. The probability is that no disease will be found elsewhere than in the cord, the paraplegia will be slow and progressive, and, in the end, complete. The bladder and rectum will be paralyzed, the urine alkaline; there will be pain, formication, tingling and pricking in the muscles, and also atrophy and degeneration in the striæ of the muscular fibres. Some times spasms and tonic contractions will be observed, and sloughs will form over the spine. The patient will complain of a constricting band around the body, as if tied tightly with a cord.

In addition to these symptoms, indicative of myelitis, the medical attendant will hardly fail to notice the peculiar expression of countenance that exists whenever there is an inflammatory process going on in any of the nerve centers, and which as certainly indicates this affection as do the *facies uterina* or the *facies hysterica* point to the respective diseases which their names imply. As Dr. Radcliffe\* truly remarks, "It is, indeed, easy enough to find marked differences between paraplegia from myelitis and reflex paraplegia, but the case is far otherwise when a comparison is instituted between paraplegia from spinal congestion and reflex paraplegia."

The two affections present many marked points of resemblance. Indeed, there are occasionally cases presenting themselves that will put the diagnostic talent of the physician to the severest test, and it is only after the

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\*Reynolds' System of Medicine, vol. ii, p. 658.



closest scrutiny that he will be able to designate with certainty the disease. The previous history, in cases where spinal congestion is the existing cause, will always be of immense value in throwing light upon the inquiry. The patient will give an account of pain, or at least of tenderness over the region of the congested cord, that he remembered the dull aching was increased when in the recumbent position; that a numbness and tingling sensation stole over the lower extremities days before he discovered loss of power there; that this loss of power itself came on very gradually—so much so that he hardly noticed it at first. He will tell you a story of exposure to great cold, or of an attack of some fever, or of some excess, which will satisfy you as to the cause of the congestion. He will also tell you that his sensations of numbness, tingling, and loss of power were aggravated in the morning and less severe in the evening. This is explained by the fact that the spinal vessels are more distended when he is lying on his back than when erect. Thus having established a few landmarks to guide his course, the physician will be less liable to err in making his diagnosis.

Before dismissing the subject of reflex paraplegia, I desire briefly to draw attention to a peculiar form of local hysteria, sometimes observed in young women. In these subjects, although the paralysis has many features in common with that variety I have been discussing, still, in some respects, it is peculiar to itself; and, when once properly recognized and understood, is ever afterwards easily detected.

Dr. Skey\* describes the case of a young female who received a severe shock in a railway accident, but not being otherwise injured, was able to render assistance to some others not equally fortunate. A week after the accident she lost motor power in her legs, and, it might

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\*Lectures on Hysteria, p. 108.



be added, sensation also, although this was not so complete. During a period of several months she was treated for an imaginary concussion of the spine, and, as Dr. Skey observes, for "supposed effusion into the theca, and chronic inflammation of the membranes of the cord." Change of air, mental occupation, and the administration of remedies suitable in hysteria soon caused a return of health.

Dr. Handfield Jones\* speaks of a young woman who, among other hysterical symptoms, had attacks of sudden loss of power in the lower extremities. She would suddenly fall and be unable to rise, except with assistance. A R containing strychnia + tr. ferri. mur. + spts. eth. chlor. shortly brought about a cure of the paralysis and the hysteria at the same time.

Dr. I. Russell Reynolds† records two cases of some interest. Each of these, while in the recumbent posture, could easily move the toes, and even raise the feet; "but if they attempted to walk, their legs appeared to be no stronger than pieces of wet paper, and they fell and bruised themselves in various quarters."

The paraplegia, when hysteria is the cause, is always more or less incomplete; and the numbness extending over the cutaneous surface is a distinguishing feature. The disease is preceded by marks of spinal irritation, and it is noticeable that the paralyzed muscles do not lose their volume. It has been said that a paraplegic of this class, when attempting to walk, will fall almost to the floor, and then immediately rise without assistance. In addition to the above, the accompanying symptoms of hysteria, such as globus, derangement of the emotions, and a frequent discharge of limpid urine, will always be of assistance in forming a diagnosis.

[TO BE CONTINUED.]

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\*Clinical Observations on Functional Nervous Disorders, p. 308.

†System of Medicine, vol. ii, p. 317.

LEUCOCYTHEMIA.

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READ BEFORE THE INDIANAPOLIS ACADEMY OF MEDICINE, BY  
I. C. WALKER, M. D., INDIANAPOLIS.

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I have concluded to report to this meeting a case of unusual interest, and rare in kind, that occurred in my practice about six years ago. The patient was an honored member of our own profession; well developed, both mentally and physically, without hereditary taint or dyscrasia of any kind whatever. The first indication of disease was enlargement of an axillary gland, with pain and symptoms of approaching suppuration, accompanied with general lassitude and indisposition to the performance of physical labor. After the above enumerated symptoms had continued for a period of four weeks, the lymphatic glandular system began to put on symptoms of general disease. The inguinal, mesenteric, lumbar, cervical, thyroid — in short, the whole lymphatic system of glands took on a rapid form of hypertrophy, varying in their hypertrophied state from the size of a pea to that of a hen's egg. I could scarcely place my hand on the body without touching an enlarged lymphatic gland, so numerous were they. After this condition of the glandular system had existed for four months, with restless nights, general pain, especially along the course of the sciatic nerves, loss of appetite, imperfect digestion, and constipation, it was noticed that the hearing was becoming very imperfect, and, in addition, that the left eyeball was in a state of extreme engorgement, and being pushed forward evidently by a force from behind. It was very soon apparent that dimness of vision was taking place in the protruding eye. The hearing grew more and more imperfect, and was finally wholly lost at four and a half months after the first glandular enlargement was noticed. Very soon thereafter total blindness ensued.

The left eye continued full and protruding so long as life lasted. The right eye took on a condition directly opposite to that of the left—one of atrophy. Without being preceded by congestion, pain, or inflammation, the eye began to diminish in size and was seen to grow less and less until it was completely disorganized. The aqueous and vitreous humors were either absorbed or discharged. The case had by this time become one of extreme interest to the medical profession of our locality, as well as too distressing to behold. With the loss of the sense of both sight and hearing, I could say with a fair show of truth, the intellectual faculties appeared more acute. There was a manifest unwillingness to talk ever after the loss of the sense of hearing. He never appeared satisfied that he had said what he wanted to say. He very soon adopted the plan of reducing every thought he desired to make public to writing, and with remarkable correctness and rapidity wrote long and carefully worded letters for each of his children, to be preserved and handed to them when they arrived at an understanding age. In all of which he exhibited fully as much research and depth of thought as when he enjoyed perfect health. His intellect was without a cloud until one moment before the close of life. He made a request of me, a few days before his death that he desired me to watch his failing circulation and indicate, by a sign designated by himself, when he became pulseless; that he wanted to know when that moment was at hand. When the time arrived it was made known to him by the sign previously designated. I thought he understood me. Dating from the loss of hearing and sight, the physical decline was very rapid, and death closed the scene at the end of the sixth month. Thus ended a most remarkable case. Of all the medical men who visited him none had seen a malady that strikingly resembled his.

Dr. John H. Helm, one of the most eminent physicians



of Northern Indiana, was in regular attendance with myself. Dr. G. N. Fitch was called after we saw that the case was one of unusual interest and likely to result fatally. We failed to receive any light from him as to the nature of the malady.

Prof. N. S. Davis, of Chicago, was next called. Many features of the case were as new to him as to us. He did not give the disease a positive name; thought we had malignant disease of the glandular system with which to deal, and that the arseniate of soda was the remedy. It was used until the case was so far advanced that it was apparent to all that it must result fatally.

Before Dr. Davis was called we had named the affection "leucocythemia." Dr. Davis thought the malady not unlike it, yet he did not approve our name. As time passes I am more and more convinced that the disease properly named. It was leucocythemia of Bennett, and leukaemia of Virchow. This being an exceedingly rare form of disease, I thought it proper in the presentation of it, to try to convince all who might be skeptical that it was leucocythemia with which we had to deal. I can not do better at this point than quote from those who have written most on the subject now under consideration. Virchow says:

"A number of lymphatic glands are frequently diseased, but the spleen affection stands in the foreground. Only in a few cases have I found the change in the spleen the less and that in the lymphatic glands the more prominent; and in these, matters had proceeded to such a pitch that lymphatic glands, at other times scarcely observable, had developed themselves into lumps the size of walnuts; and that, indeed, in some few places there appeared to be scarcely anything else than glandular substance. Of the glands which lie between the inguinal and lumbar glands we are wont to hear but little; nor have they, indeed, even a suitable name. Some of them lie in the course of the iliac vessels, and some in the real



pelvis. In two of these cases of leukaemia I found them so enlarged that the whole cavity of the pelvis proper was, as it were, stuffed full of glandular substance, between which the rectum and bladder only just dipped in."

He also says that he recognizes two forms of leukaemia, the splenic and the lymphatic, "which are not unfrequently combined. In one case the spleen, and in the other the lymphatic glands, constitute the starting point of the disease."

In the case I am reporting to you, we had the lymphatic form. The spleen was not involved to a great extent at any time. The organs which have been found implicated are the spleen, liver, and lymphatic glands. Dr. Flint says in leucocythemia "we very frequently have enlargement of the spleen, frequently enlargement of the liver, and, in a certain proportion of cases, the lymphatic glands of the neck, axilla, and groin become more or less enlarged, attended with a gradual diminution of the vital forces, progressing more or less rapidly, ending fatally sooner or later. It is doubtful if recovery ever takes place in the cases in which the condition is well marked."

He also says: "It is to be remarked that enlargement of the spleen and lymphatic glands occurs frequently without leucocythemia, whereas the latter never occurs without the former. It would seem, therefore, if they sustain to each other the relation of cause and effect, the leucocythemia is the effect rather than the cause; both, however, may be concomitant effects of a pathological condition as yet unknown."

According to Bennett, disease of the thymus, thyroid, and suprarenal bodies may give rise to leucocythemia; these, together with the pituitary and pineal glands, being, as he thinks, concerned in the production of the blood globules.

Virchow regards the ductless glands as the laboratories

for the production of the white globules, and attributes leucocythemia to a morbid excess of their production in these organs.

Niemeyer says in the lymphatic form, the lymph-glands often formed immense tumors. Of the glands situated within the body, chiefly the mesenteric, lumbar, and epigastric have been found enlarged; of the peripheral, the cervical, axillary and inguinal. He also says:

"I myself have seen a case on which there was no autopsy, but in which no decided enlargement of the spleen could be observed during life, while the lymphatic glands were enormously enlarged."

Virchow saw one case where the spleen was normal in size. Niemeyer says in the lymphatic form the enlargement of the glands in the neck, axilla, etc., which has taken place slowly, or at intervals, first calls attention to the disease. Such was the case, as you will remember, in the case I am reporting to you. It seems to me to adduce more authority to prove the correctness of our diagnosis would be superfluous.

The spleen has been found enlarged in the great majority of cases, varying in weight from one to nine pounds. The texture of the organ has not been found the same all the time. Some cases unusually dense; in others, natural; in a third class, somewhat pulpy. In a few cases it has been found to contain yellowish masses, really degenerated tissue. In most cases hyperplasia, or an increase of the cell or nuclear elements, while the fibrous portion of the organ was apparently normal.

Next to the spleen the liver is found diseased; in most cases only hypertrophied, in a few cases it puts on a heterologous or cancerous condition. In most cases where the lymphatic glands are found enlarged they are soft, and when opened have a white and granular appearance; on pressure yielding a copious juice; at other times filled with calcareous deposits, or infiltrated with cancerous or tubercular exudation. As the case under consideration

progressed, the enlarged glands grew very hard. The whole abdominal space seemed to be a mass of indurated and hypertrophied glandular substance, most likely contained more or less calcareous deposit. We may have an increase in the size of the original cells of the gland, constituting hypertrophy, from irritation or increased action of the part; or from the same cause we may have an increase in the number of the cells, constituting hyperplasia. No doubt both conditions, in many cases of leucocythemia, exist at the same time.

It is said towards the close a genuine hemorrhagic diathesis is often developed, and that hemorrhages often occur, especially in the form of epistaxis, and that an apoplectic coagulum is not infrequently found in the brain substance. Such was not the case with my patient. My recollection is that he did not have a hemorrhage of any kind during the entire progress of the case. Virchow does not say that hemorrhages are present in all cases of leukaemia.

Bennett says diarrhœa is almost always present. Virchow says nothing about it. My patient suffered from obstinate constipation of the bowels, as I then believed from partial occlusion in consequence of pressure from enlarging glands.

We next come to the consideration of the pathology of the blood. If the blood of living persons affected with this disease be examined microscopically, an excess in the number of colorless corpuscles will at once be apparent. Our present physiological teaching is that in health we find only one colorless corpuscle to three hundred colored. In some cases the colorless corpuscles are said to not be increased much beyond their normal number, and in others greatly increased. The number of the colorless corpuscles is being constantly augmented, and with this increase, the colored grow correspondingly less in number. The change steadily goes on, and becomes more and more marked, until we have, in some cases,



about an equal division of the colored and colorless corpuscles. It is said that in dead bodies the colorless corpuscles appear in greater proportion than is real, for the reason that these corpuscles have a strong adhesive property and tend to accumulate in large masses where there is a check in the flow of blood; hence in the dead body we look to the right heart to furnish the greater number. Virchow says once, in Berlin, when he punctured the right auricle the physician who had treated the case cried out, astonished: "Why, there is an abscess in the heart!" The blood so much resembled pus in consequence of the great collection of colorless corpuscles. This colorless condition of the blood is not to be found pervading the whole circulatory system, although a comparatively large number of colorless corpuscles are to be found anywhere in the blood.

The lymph corpuscles do strikingly resemble the colorless blood corpuscles; but physiologists of the present day say they differ from them in being only large nuclei and not nucleated cells, and that acetic acid does not divide the nucleus into separate bodies, as is the case with the white or colorless corpuscles. As to the cause of this curious change, all agree that leucocythemia can not exist with the spleen and lymphatic system in a state of health; that when this leukaemic state of the blood is present, either the spleen will be found enlarged or a hypertrophy of the lymphatic glands. It is generally conceded by our more recent physiological and pathological writers that the spleen and lymphatic glands have much, if not all, to do in the production of the formed elements of the blood, and that the corpuscles of the blood are the offspring of the cellular bodies of the lymphatic system of glands, and when ready for an independent existence, are sent forward from the place of their birth to join the general blood current. If we are to accept the theory that the spleen and lymphatic glands are really intimately concerned in the development of



the blood, the conclusion at which we would most readily arrive would be that, when these blood manufacturing glands are diseased or hypertrophied, a change in the corpuscular elements of the blood would be the legitimate result. The degree or extent of change in the blood would be governed by the extent and intensity of the glandular disease, and the necessarily deranged functional action arising therefrom.

There are a few other untouched points in the case under consideration that would be interesting to consider for a moment.

Why this loss of sight and hearing? We attempt to account for both upon the hypothesis of enlarged glands pressing upon the optic and auditory nerves and blood vessels supplying the parts. The protruding eye was evidently pushed forward from a hypertrophied state of the glands in the posterior portion of the socket. May not the right eye have suffered atrophy and death from an enlarged gland cutting off the nerve and blood supply? It will be remembered that the pineal gland is situated between the fornix and the corpora quadrigemina, and from its anterior parts two medullary striæ proceed over the posterior commissure, coast along the optic thalami, and unite at the anterior pillar of the fornix. It will also be noticed that the pituitary occupies the sellaturcica. It will at once be seen from the situation of these glands that if in a state of enlargement, occupying the position they do to the optic nerve, no great amount of hypertrophy would be necessary to wholly arrest the nerve current to the eye, thus accounting for the loss of the sense of sight.

And again: Why was one eye atrophied, and the other in a constant state of hyperemia? May not the supposed enlarged glands have made pressure sufficient to arrest the blood current supplying the right eye, and as the legitimate result atrophy and death of the part? And the left kept in a hyperæmic state from pressure on

the veins—thus preventing the outflow of blood from the congested organ. It might be argued that the ophthalmic branch of the fifth pair of nerves which enters the orbit, supplying the eyeball and its appendages, would furnish sufficient nerve power to keep the eye alive. That would most likely be the case if the arterial supply was not interrupted.

It may be urged that the eye is also supplied from the third pair, *motores oculi*, and from the fourth pair, *pathetic*; but you will notice that the origin of the third is almost the same as that of the second, or optic, and that a portion of its fibres spring from the *corpora quadrigemina*, and that it would be subject to the same pressure. The *pathetic* only supplies the superior oblique muscle.

I am more puzzled in attempting to account for the deafness. It will be remembered that the *portis mollis* arises at the back of the medulla oblongata from the floor of the fourth ventricle, coursing forward immediately behind the pons, and is distributed to the complicated chambers of the internal ear; and that the *portio dura* arises from the same source, supplying the facial muscles. The *pneumogastric* also arises from the sides of the medulla oblongata.

If we were to attempt to account for the deafness attending the case upon the hypothesis of an effusion within the fourth ventricle, or the presence of an apoplectic clot, which Virchow says is sometimes found, our argument would be open to just criticism. The presence of either, in sufficient quantity to paralyze the auditory nerve, would be likely to make such pressure at the origin of the *portio dura* and *par vagium* as to disturb their respective functions; the result of which, in the first case, would be manifest from the effect on the facial muscles, and in the second, we would expect dyspnoea to be present. Hence we are compelled to look nearer the periphery for the cause.

Again we are forced to fall back to the source in common of all our trouble, and conclude that hypertrophied glands, making undue pressure somewhere on the auditory nerve, was the cause of the arrest of its function.

We next propose to speculate as to the probable cause of the disease in this particular case. He was exposed almost every day, during the winter preceding his death, to a most malignant form of typhoid fever with families where from two to four were in bed with the disease at the same time, prescribing, assisting the nurses, and often remaining over night. While he was busily engaged, as above indicated, he spoke to me about an enlarged axillary gland that was giving him some trouble, which, as you will remember, was the first indication of leucocythemia. May not his system have become contaminated with the typhoid poison, which, instead of giving expression in the form of typhoid fever, developed general lymphatic glandular enlargement.

Bennett says the solitary and aggregated glands of Peyer have been found enlarged in leucocythemia. It may be urged if they had been involved, the patient would have suffered from diarrhœa. Not necessarily so. I think we might have a simple hypertrophy or hyperplasia of cell element of the glandular substance without diarrhœa, ulceration being absent. It is a well settled question that we can not have typhoid fever with the Peyerian patches and solitary glands in a normal condition. They must be implicated either in the form of congestion, hypertrophy, or ulceration; without which, we do not have typhoid fever.

The spleen, mesenteric, bronchial, solitary, and glands of Peyer are almost uniformly found enlarged—the two latter usually ulcerated; all of which does almost convince us that typhoid fever is essentially a disease of the lymphatic glandular system, and that its specific poison might declare its presence in the development of leucocythemia.



As to the prognosis and treatment, Virchow says: "In the histories of all the known cases of leukæmia, we only find it once, as yet, recorded that the patient, after he had been for some time the subject of medical treatment, left the hospital considerably improved in health. In all the other cases death was the result." All others say that they never found anything of the slightest service in well-marked cases of leucocythemia, associated with distinct glandular enlargement.

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### AN INTERESTING CASE IN OBSTETRICAL PRACTICE.

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BY G. C. BUKS, A. M., M. D., BATTLE GROUND, IND.

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August 19th, 1871, I was called to see Mrs. T., the mother of four children, a lady of firm constitution, whose general health is good. I found her in the fifth month of utero gestation. She informed me that she felt quite well, and was suffering no pain, though her "waters had broken" a short time previously, and that she had lost a considerable quantity. In the absence of an examination, I suspected that the escaping fluid was from the walls of the vagina, but a careful investigation led me to a very different conclusion.

On making an examination per vaginum, I found the cervix uteri soft and flexile, and the os sufficiently dilated to admit the point of the index finger without the least resistance, which I inserted; and holding it in position a few moments, arrested the aqueous flow—the withdrawal of which was followed by a gush of water.

This experiment convinced me that the fluid was not from the walls of the vagina, but that it was a clearly marked case of amniocœlepsis. Her mind being somewhat agitated, fearing the supervention of an abortion, I deemed it proper to administer an anodyne. This



secured to her a comfortable night's rest. Saw her again the next day, and found the liquor amnii—for such I now felt assured it was—passing away freely, and, at intervals, copiously. Having no hope of arresting the aqueous flow by medication, I enjoined rest, with an anodyne at bedtime—the bowels being kept free with aperients. Saw her again the next day, and found she had lost a considerable quantity of water during the night, which had made a sensible impression upon the abdominal tumor, rendering the muscles of the parts soft and compressible.

As she felt quite well and suffered no pain, and as I thought it not improbable that a sitting posture would bring the foetus in utero in closer proximity with the cervix, and thus answer as a plug, I permitted her to get out of bed. I was influenced in this conclusion by the large quantity of liquor amnii lost, and, therefore, leaving comparatively little behind to offer resistance to the gravitating of the foetus toward the depending aspect of the uterus, and was soon gratified to find my conjecture verified—there being but little lost afterward, excepting during the hours of sleep.

September 9th I was called again to see her, and found her suffering a somewhat copious uterine hemorrhage, which, by the use of proper remedies, I arrested. On the 10th the hemorrhage returned, and was again promptly arrested. On the night of the 11th there was a copious discharge of liquor amnii, which continued each night in greater or less quantity. On the 25th of October the hemorrhage returned, continuing at intervals for two days. It is proper to state that these hemorrhages, like the aqueous flow, were unattended with pain. On the subsidence of the hemorrhage, the water resumed its usual flow till the 3d of November, when she gave birth, prematurely, to a small and poorly nourished infant that could scarcely be said to possess life, and only made a few feeble efforts to breathe and then

expired, though we used the proper means to rekindle the vital spark.

When the head of the child came within reach, there were no interposing membranes between the point of the finger and the scalp. This, and the almost entire absence of liquor amnii during labor, evinced clearly enough that the aqueous discharge was consequent upon the rupture of the investing membranes by some unknown cause. There was but little loss of blood during labor, and no after pains following. There was a discharge of the lochia following delivery, and continuing the usual length of time; but it was exclusively serous, and did not observe the usual change in color, nor did it exhale the characteristic odor. Her recovery was unattended by any event worthy of remark.

In my research I find but one case nearly resembling this. This is one reported by Dr. Petil, in the *Gazette des Hopitaux* for July, 1838. His patient suffered pain similar to those of natural labor. Mine did not. His was not complicated with hemorrhage. Mine was thrice. In his case the fluid escaped, whether his patient was sitting or lying. Mine only, to any considerable extent, when in a recumbent posture.

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## Ophthalmology and Otology.

BY DR. C. E. WRIGHT.

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LIEBREICH'S METHOD OF EXTRACTION OF CATARACT.—In a recent lecture at St. Thomas's, Dr. Liebreich described a new method of extracting cataract which he had performed in over three hundred cases, obtaining a very satisfactory series of results.

In comparing his new method with that of Graefe, Dr. Liebreich said: "There are numerous statistics which

prove that in Graefe's method there is a much smaller percentage of total suppuration than in flap-extraction; also, that even in cases of very bad general constitution, weak and marastic individuals with thin and flabby cornea, the prognosis is not so unfavorable as in flap extraction; and that the precautions we have to take after the operation, and the restrictions we have to impose upon the patient, are not so great.

"On account of these advantages of Graefe's method, it was natural that the flap-extraction was soon abandoned. To me, however, it appeared that the mechanism of Graefe's operation was still too complicated and too violent; that prolapse of the vitreous body and hemorrhage into the anterior chamber were too frequent during the operation, iritis and strangulation of the iris in the corners of the wound too frequent after it; and that the most favorable results, compared with the most favorable results in flap extraction, were not perfect enough.

"If these inconveniences be carefully inquired into, it is found that they can all be brought back to one and the same principal cause, namely: the peripheric position of the incision. This peripheric position explains why—

"1. It is impossible to remove the lens without iridectomy.

"2. The excision of the iris is to be large and extensive, else it causes too great an inclination to prolapse of the iris.

"3. It is necessary to perform the operation above, so as to cover a part of this large pupil by the upper eyelid. The removal of the lens upward is by far more difficult, on account of the tendency of the eye to escape upward; and, consequently,

"4. During the whole operation the eye has to be kept open by the speculum, and to be drawn downward by the forceps. This is not only painful and injurious to the eye itself, but causes,

"5. Not unfrequently, prolapse of the vitreous body,

to which a peripheral incision itself already tends. Pro-lapse of the vitreous body and hemorrhage into the anterior chamber are the chief impediments to a careful removal of all the *debris* of the cortex, and cause—

“6. Those grave forms of iritis which are sustained by the permanent irritation caused by the tumefied remainders of the lens behind the iris.

“Of these disadvantages I was perfectly aware after I had followed for a short time Graefe’s original plan; and I proposed, therefore, in 1867, in an article on cataract which I wrote for the *Nouveau Dictionnaire de Medecine et de Chirurgie* (Paris, Bailliere), some modifications. They are, however, but the first step I made; and in the last four years I have come, by a large series of systematic experiments, to a method which I now, after more than three hundred operations performed in this manner, consider definitely settled.

“The incision of the cornea is to be made with the smallest possible Graefe’s knife, in the following manner:

“Puncture and contrapuncture are made in the sclerotic about one millimetre beyond the cornea, the whole remaining incision passing with a very slight curve through the cornea, so that the center of it is about one millimetre and a half distant from the margin of the cornea. This incision can be made upward or downward, with or without iridectomy, and the lens can be removed through it with or without the capsule.

“If, as I now practice, the extraction is made downward without iridectomy, the whole operation is reduced to the greatest simplicity, and does not require narcosis, assistance, elevator, or fixation; and only requires two instruments, namely: Graefe’s knife, and one cystotome, with Daviel’s spoon.

“What are the advantages of this method of operating?

“1. It is undoubtedly of all methods the simplest and least painful.



"2. It is unconditionally the easiest to perform, and requires the least practice. It may, therefore, be performed by those operators who from time to time only have an opportunity of doing so; and those patients benefit by it who are unable to reach a central point in order to place themselves in more practiced hands. On account of the greater facility of operating, the last pretext for reclinacion of cataract is removed, which, though almost universally and justly condemned, is still here and there performed.

"3. It is preferable to the flap-extraction, on account of the safer and constantly regular incision. The flap-incision scarcely ever acquires the regularity which may theoretically be demanded, even if made by the most practiced operator, with the best assistance, the most enduring patient, or under chloroform, by the use of elevator and fixation instruments. Now its height or breadth is not what it is intended to be; now its position is incorrect, or the wound is irregular; indeed, part of it is due to the difficult form of the incision, but by far the greater part, according to my conviction, is due to the mechanism by which the cuneiform cataract knife is to make the incision. A small Graefe's knife would make a flap safer and more regular than the various other cataract-knives. The incision which I designed can easily be made, in giving it in every case exactly the desired form and position, even if the patient is very restless, without assistance, without elevator or fixation. It mainly depends on the facility with which the place of the contrapuncture can be chosen, the knife drawn back and made to pierce at another point if a mistake is made in the selection of the place of contrapuncture, and in the freedom with which, in terminating the incision, the inclination of the knife can be changed if necessary.

"A little practice will enable every operator to avoid these corrections, and to make the contrapuncture, as

well as the whole incision, correctly to his original plan, without subsequent alterations.

"4. Against Graefe's method it has the advantage of a more favorable position of the field for the operation, and avoids, through it, the inconveniences to which I have referred, as arising out of the peripheral position of the wound.

"5. In regard to the mode of healing, it favorably contrasts, like Graefe's method, with the flap-extraction, on account of the diminished influences which age, constitution, general state of health, season, and other causes exert; also on account of the less demand made upon the patient to remain quiet after the operation; and, above all, on account of the lesser tendency to suppuration of the cornea.

"6. The advantages of my method over that of Graefe are shown by the ultimate results obtained; by not showing a greater per centage of total suppuration than in Graefe's method, my best results are, in regard to optical and (if I may use the term) anatomical perfection, identical with the best results obtained in flap-extraction."—*Brit. Med. Jour.*, Dec. 2, 1871.

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REMOVAL OF INSPISSATED CERUMEN.—A member of the profession in the East says that hardened cerumen "must be softened by a warm solution of bicarbonate of soda in rose water (1 gr. + f3j), and then removed by the syringe or curette."

Whether there is in *rose water* any particular efficacy in the removal of cerumen, or whether its use is simply an attempt to introduce a system of parlor therapeutics, we know not. Certainly rose water is a good vehicle in collyria, and is itself a very mild astringent, but its power as a solvent of ear-wax has never been much dwelt upon. We do not think the country practitioner need wait for the arrival of rose water before attempting to remove the accumulations of ear-wax from the ears of our Hoosier

fellow-citizens; for well, spring, or rain water will answer precisely the same purpose.

We do not believe in magnifying a very simple procedure into a very difficult one; and do not think it right to delude the profession into the belief that special practice requires of the practitioner almost super-human knowledge and tact. Every physician should be able to examine, diagnose, and treat many of the diseases of the eye and ear; and, with some study and a small outlay of money for books and instruments, he would be able to treat many cases in their acute stages, and thereby prevent some of the sad consequences of disease which not even the most skilled specialist can relieve.

Impacted cerumen may, with a little time and patience, be removed from the ear by syringing with warm water; and foreign bodies in the external meatus may, in almost every instance, be removed in the same manner without the intervention of probes, curettes, hair-pins, leeches, poultices, lizard-heads, golden apples, glued brushes, snares, and forceps. We may at least say that the simpler method should be first employed, holding the more difficult measures in reserve until actually needed.

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### Editorial.

WE call attention to the advertisement of Dr. Staufer, on another page, of his rubber specula and pessaries for general use. We should think they would be of great service. They are cheap and at the same time serviceable. We would recommend the profession to at least try them.

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DRS. LILLY & PHBLAN, manufacturing chemists, of Evansville, Ind., whose advertisement will be found in this number of the *Journal of Medicine*, are, as we understand, issuing reliable articles to the trade; and, as a

home undertaking, we hope the physicians and druggists of the State will support them in their undertaking by their patronage. Let us not forget that when there was no such business within the borders of the State, we were asking in wonder the reason why; now that we have it, it is our duty to encourage and assist.

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## Miscellaneous.

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DIAGNOSIS BY EXAMINATION OF URINE IN OBSCURE FORMS OF URINARY DISEASE.—Sir Henry Thompson describes a simple procedure by which he obtains specimens of urine free from any admixtures which are formed in the bladder, and thus can determine whether or not albumen in the fluid is due to disease of the kidneys or some other part of the urinary track. He proceeds in the following manner: A No. 6 or 7 flexible catheter is introduced into the bladder while the patient is in an upright position, and the urine which is drawn is placed in a vessel apart, and will serve as a standard of comparison. The bladder is then washed out two or three times, using each time about one or two ounces of water, until the outfluid is perfectly clear. The catheter being *in situ*, fresh urine very soon escapes, which can be taken as a true specimen. Mr. Thompson suggests that there is a liability to error sometimes, but rarely in these cases, and that is when the bladder bleeds easily upon the contact of instruments. Mr. T. remarks that it is well to bear in mind the fact that upon applying the tests to equal parts of blood and pus, the former yields a more bulky deposit of albumen, and that the disposition to bleeding is indicative of vesical rather than renal lesion. *Brit. Med. Jour.*, Jan. 7, 1871.



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## Original Communications.

### RESECTIONS OF SHOULDER AND HIP JOINTS— A CASE OF EACH.

BY W. HOBBS, M. D., CARTHAGE, IND.

On the morning of the 7th day of September, 1871, Howard Parker, a rugged, healthy lad of twelve years, an inmate of the orphan department of the Indiana Soldiers' and Seamen's Home, played truant, and wandered about three-quarters of a mile from home in search of hickory nuts. Here he climbed a tree to the height of about sixty feet, and in his efforts to shake the nuts down, the limb upon which he stood was broken. The spot which received him was very dry and hard ground, but covered with a few autumn leaves. After alighting he gave no signs of life to the two or three companions of his disobedience, who, supposing him dead, ran home in great haste and so reported.

At that moment Superintendent Dr. Wishard was away, but the matrons, and some of the larger inmates, at once started in search of the unfortunate child. After a search of something near half an hour, the boy was

discovered where he had fallen, scarcely exhibiting signs of life, and evidently not having changed the position of his body since he struck the earth; what that position was I have not been able certainly to learn. This party carried the wounded boy to the Home, and most of the way in their arms.

Upon the arrival of Dr. Wishard a few minutes afterward, and about 9 A. M., he found the patient suffering greatly from concussion, and that there was a compound fracture of the right humerus at or near the neck, the shaft having pierced the deltoid near its anterior margin, and still protruding through the skin. Besides this, he observed from the cries of the little sufferer, some injury of the left hip or thigh. Without waiting for more particular inquiries he despatched a messenger for me, and improved the time of my coming in efforts to procure more perfect reaction. Besides this he also slightly enlarged the cutaneous orifice, through which the shaft of the humerus was protruding, and returned the bone to its place.

Upon my arrival, at 11 A. M., he could observe no indications so direct as to abstain from surgical interference, and continued the use of means to overcome the shock. While awaiting these, we called Drs. N. H. Canaday and J. M. Bowles, of Knightstown, to our assistance.

At 2 P. M., the patient had so far recovered from the concussion as to induce us to proceed to further examination. Dr. Wishard administered chloroform, that our inquiries might be prosecuted in the manner and to the extent which might be indicated, without the least possible increase of shock. The right side of the face, head, and neck, and the right shoulder upon its front and outer aspects were much bruised and ecchymosed, and upon the jaw, just above the angle, was observed a mark, evidently produced by a thrust of the exposed extremity of the humerus. The whole force of the

fall had certainly been received by this region, as there were no external marks or injuries found upon any other parts of the body.

The fracture of the humerus was oblique, the line of separation beginning upon the anterior aspect of the bone, about one inch below the margin of the capsule, and running upward and across to the margin of the capsule on the posterior view. Both extremities of the bone were somewhat comminuted, and the outer coverings of the joint much contused. Upon directing our inquiries to the left hip, we observed the limb to be but slightly shortened, and the length could be easily restored, as could also the eversion of the toes. There were no marks or other external signs of injury to the limb. Rotation gave no crepitus, nor was it easy to decide whether the rotation was upon the axis of the shaft of the femur, the trochanter being indistinct and hard to define. With my hand in a certain position upon the hip, crepitation became more distinct than I had ever before noticed in a fracture of the neck of the femur; to this I immediately called the attention of Dr. Cannaday, but for some moments in subsequent manipulations, as I had failed to observe exactly the position of my hand upon the hip, neither he nor I could reproduce the touch. When Dr. Bowles, however, put a hand under and upon the trochanter, and bore forwards and downwards, (the former position and direction of my hand,) the movements of the fragments of bone upon each other, became again remarkably distinct. We rested in the conclusion that there was fracture of the neck of the femur.

Upon next addressing ourselves to the shoulder, we learned that about one inch of the upper extremity of the humerus was denuded, and the coverings at the seat of the fracture and joint were so much contused that no appliance suited to the part could be contrived, which would maintain proper co-aptation of the fragments of



bone. Besides this, we were unanimous in the opinion that under all the circumstances of the case, the reparation of this fracture and joint was barely possible, and that it would be a greater tax upon the constitutional forces of the patient, than the reparation of a wound made by a resection of the fracture and head of the bone; and as there was another injury to repair, scarcely second in magnitude, it was our duty to economize the work to be done, hence we decided to resect the joint, should the strength of the patient so improve as to justify an operation. We ceased our duties for the day by dressing the arm with a bandage, flexing and fixing the free arm across the body, and adjusting the thigh upon a double inclined plane, made of the bedding.

During the afternoon, night, and ensuing morning, the patient took large quantities of whiskey and beef tea, and such portions of quinine and sul. morph. as we desired, so that he rested pretty fairly and gained his forces so rapidly, that at noon next day when we met for further counsel, we were satisfied to proceed with an operation.

Superintendent Dr. Wishard again administered chloroform, when with my finger as a director, introduced to the head of the bone through the orifice made by the extremity of the shaft, and a curved probe-pointed bistoury, an incision about three and a half inches in length was made through the deltoid and across some of its fibres, so as to fully expose the joint. Through this opening the extremity of the humerus was thrust out, and the bone sawed across one inch below the line of fracture so as to remove most of the denuded portion. The head of the bone was then carefully and easily dissected out without injury to the tendon of the biceps. The loss of blood was small—no ligatures were required. The upper portion of the wound was closed by interrupted suture, but a free opening left below. The whole limb was dressed with a roller bandage, the shoulder



supported by adhesive strips, and the fore arm placed across the body and fixed there. The adjustment of the fracture of the femur was then made, and afterward treated with weights and pulley. A laced shoe was padded with cotton wool about the heel, instep, and ankle, and neatly fitted to receive the weight; through the heel of this the cord was passed, and fastened by a small knot, so adjusted as to be out of the way of the foot.

The shoulder was kept covered with cloths wet with a solution of about two per cent. of carbolic acid, and the wound was frequently syringed out with the same. By close pressing with whiskey, quinine, tr. fer. chlor., and the most stimulating and supporting nutriments, the little sufferer did tolerably well until the night of the fifth day after the operation, when an alarming hemorrhage gushed forth from the shoulder wound. Dr. Wishard at once opened the cut, filled it with soft sponge saturated with Monsel's solution, and secured it by a bandage. This at once controlled the bleeding, but not until the patient was almost exsanguious. The sponge was removed after two days and the bleeding did not recur.

From this time forward for nearly two weeks, he appeared to be doing pretty well. The arm was steadily shortening and the wound filling up and healing.

On the 27th of September, twenty days after the injury was received, and nineteen after the operation, the wound was almost healed. Dr. Wishard noticed some swelling and the appearance of fluctuation on the outer surface and near the middle of the wounded thigh. He at once introduced a knife at the anterior edge of the vastus externus, and made an incision two inches in length, from this there immediately escaped about two pints of pus. On the following day I visited the case, and we being apprehensive that the pus proceeded from the seat of the fracture, Dr. Wishard again administered chloro-

form, when I extended his incision upward along the edge of the vas. ex. muscle about four inches, and until I could reach the fracture with my finger. Careful examination satisfied us that no progress had been made toward reparation of this fracture, that the extremities of the bone were denuded and carious, and that the pus discharged proceeded from that point. We united in the conclusion that a resection of the extremities of the fracture, and most probably of the head of the femur was required. As we were then without preparation for such an operation, we determined to postpone further procedure until the next day, and in the meantime ask the assistance of the medical gentlemen of Knightstown, who were before with us, and also that of Prof. Comingor, of Indianapolis. On the following day, September 29th, the twenty-second day from the receipt of the injuries, and the twenty-first since the excision of the shoulder joint, at 2 P. M., we were pleased to meet Prof. Comingor and Dr. Bowles, these gentlemen concurred in the opinions previously formed by Dr. Wishard and myself, so we at once proceeded with the operation. Dr. Wishard administered the chloroform, Dr. Bowles took the sponges, and the writer assumed the charge of the limb, Prof. Comingor, with his finger as a director, and a probe-pointed bistoury, extended the incisions before made about six inches in a direct line, until the joint was fully exposed. By carrying the leg behind its fellow, and across it at right angles, we succeeded in thrusting the extremity of the shaft of the femur through the wound and fully exposing it, the trochanter was found detached, and was afterward recovered during the operation. Prof. C. with bone forceps cut away the carious extremity of the bone, and then removed the head of the bone from the socket. The capsule and all superfluous portions of cartilage and ligaments were carefully cut away, so as to completely clean the wound. The operation was completed by washing out the wound

with whiskey, and closing it with adhesive strips. But little blood was lost during the operation, and the shock was not threatening.

On the third day after the operation the limb was dressed with Dr. Physic's long splint, with brackets forming a window opposite the wound. The little counter extension needed was obtained by the use of a perineal band; two and a half inches shortening were allowed, so as to bring the extremities of the femur in apposition with the acetabulum, in which position it was desired to retain it. No effort was made to prevent reaction at the hip, except to restrain it to a degree which would not interfere with the reparatory process.

The wound was thoroughly cleansed and flooded each day with the solution of carbolic acid, as before applied to the shoulder. Support both by alimentation and medication was maintained at the highest point attainable. The hip wound filled up and healed in about four weeks, but the interstitial suppuration of the parts distended and separated by the first collection of pus, was now tardy of cure, so that the thigh discharged some matter until the close of two months from the date of the last operation. The injuries being of the right shoulder and the left hip, necessarily confined the little sufferer to his back during his whole stay in bed, which was from the 7th day of September to the 1st of December—nearly three months,—this long confinement in one position, or with but little change, made some sores upon the back and nates, but the diligent use of carbolic acid washes, and properly adjusted pads, did not allow them to become sources of serious moment. His bed was a straw mattress, overlaid by a thin pad of cotton wool, from which he was every morning carefully lifted, after the wounds were washed and dressed, that it might be well adjusted and the covering changed. The long splint was removed on the 1st of December, when his position on the bed was allowed to be changed by rais-



ing the shoulders and any other movement which the hip would permit without too much pain. The disability of the shoulder prevented the use of crutches long after the hip would have allowed the erect position. On the 25th of December he was first mounted upon crutches, when it was found the shoulder received the support more kindly than was anticipated, and that the hand and arm were fully competent to manage it. Since then his general health and strength have greatly improved. In the agility and dexterity of his new means of locomotion, as well as in the strength and mobility of the disabled joints, there has been so much improvement that he now perambulates every floor of the building from cellar to garret, scaling the stairs with remarkable facility.

At this date, January 25th, 1872, there is three inches shortening of the arm, and the extremity of the humerus is well opposed to the glenoid cavity. The motions of the hand and fore arm are normal. The wound of the shoulder is entirely healed. There is a fair degree of movement and rotation of the humerus without pain. The elbow can be moved outward and upward from the body about  $45^{\circ}$ , and the antero-posterior from the perpendicular is nearly as much.

The leg is about three inches shortened; the position of the foot is normal; the weight of the body may be thrown upon it without increase of shortening, and without much pain if it be carefully done, from which, taken in connection with the general appearance and feel of the hip, we conclude that the extremity of the femur is fixed at or near the acetabulum. Such flexion of the thigh may be made as will allow him to sit in nearly the ordinary position. The amount of rotation now permitted, taken in connection with the fact that so little has yet been allowed by the management, induces the belief which we now indulge, that this joint will yet afford good support, and ample motion for loco-



motion, but we do not expect it to equal the natural joint in either respect. The flesh wound is entirely healed.

The fortunate results of this case are greatly due to the skillful and unremitting medical and surgical attention directed to it by superintendent Dr. Wishard, and the sleepless vigilance and motherly care of the matrons. In no private family, and certainly in no other public institution, could a patient receive such necessary and unwearied care. Being a ward of the State, the officers and other members of the institution seemed to make all else subordinate to the wants of this sufferer. Beside, during the time of his confinement, in this family of nearly three hundred members, there was scarcely a member sick.

The bones removed in these resections, have been presented to the cabinet of the Indiana Medical College, where they may be seen by those who may interest themselves in this report.

The report of these operations has been purposely delayed, that with the operative procedure we might present the results.

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## REFLEX PALAYSIS.

BY WM. H. BELL, M. D., LOGANSPOUT, IND.—CONCLUDED.

I have thus given reflex paraplegia an extended notice, mainly because it is the most frequent expression of peripheral nervous irritation, that terminates in loss of muscular power. There are, however, few regions of the body that can be classed as exempt from reflex paralysis, as in the lower extremities, it may appear elsewhere, arising from the same causes, displaying the same symptoms, and existing in varying intensity, and for an uncertain period of time.

Dr. Graves thus describes an interesting case in his work on practical medicine; "I saw, with Sir Philip Crampton, a case of paralysis in which the mouth was drawn upward and to one side, so as to produce very great distortion; Sir Philip Crampton, with his usual decision, said put a blister here and there—here and then there, and you set things to rights, marking out at the same time a space over each of the principal trunks of the fifth nerve, which are expanded over the side of the face. It happened exactly as he predicted, the first blister we applied pulled up the eye-lid, the next partially rectified the distortion of the mouth, and the third made it quite straight. Now the phenomena of this case and its treatment can not be explained by supposing the paralysis arose from disease of the brain, but if on the other hand you consider the disease as originating in the nerve extremities themselves, how easy it will be to account for the mode of operation."

In the *Medical Times and Gazette* for June 29th, 1869, a case is recorded where a whitlow on the last phalanx of the left thumb, gave rise to strabismus of the left eye, and also double vision, some time after a piece of dead bone came away from the seat of the whitlow, when the squint disappeared along with all other symptoms. Irritation of the dental nerve has been known to cause blindness, which ceased on the removal of some carious teeth. Neuralgia of the face, has caused paralysis of the auditory nerve, and pregnancy has caused hemiplegia. The peculiar blood poison that gives rise to diphtheria, also sometimes causes a paralysis of the motor nerves.

Dr. Handfield Jones\* records the following case: "W. H., male, aged 11, admitted to the hospital April 23d; ill two months; has had severe attack of diphtheria, followed by violent sickness, albuminuria, ascites, and

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\*On nervous disorders, p. 100.

lastly, symptoms of paralysis of the soft palate, and extremities. Liquids are apt to return through his nose when he tries to swallow. His arms are very weak, but not quite paralysed; the legs are very useless, he can not stand, and has very little sensation in them. His vision is affected, he can not see near things well. The paraplegia has come on the last three weeks; the sickness has subsided. Three children and the mother of the family were attacked and one died. Ordered strychnine, gr.  $\frac{1}{30}$ , ferri. sulph. gr. ii, spts. eth. s. co. mm. 10, aquæ  $\bar{3}\frac{1}{2}$ , ter. die., et. ol. morrh.  $\bar{3}$ i ter. die.; lin terebinth dorso. The dose of strychnine was gradually raised to gr.  $\frac{1}{20}$ , and he was almost quite well by the end of June. When we closely watch a part which has become the seat of inflammation, we observe that the disease spreads onward from cell to cell, and from fibre to fibre, gradually involving contiguous structures, whether they be integument, cellular tissue, or muscle,—now the progress of this redness, heat, pain and tumefaction, which are the essentials of inflammation, is assisted by a peculiar vis a tergo, and also by continuity of structure. On the other hand, when we observe reflex paralysis gradually travelling from one muscle to another, or from one locality to that immediately adjacent, we must be careful to remember, that it is by a totally different method from that which regulates the spread of inflammation, in fact, that it is in a manner peculiar to the nervous system. The better to understand this mode of invasion, we shall have to recall to our minds one or two facts we long ago learned in our physiology, viz: That the small bundles of nerve fibres, which united form a nerve cord, are each from its peripheral termination to its origin in a nerve centre, in a perfect state of insulation, that in other words, one fibre never coalesces with another. We shall also have to recall to our minds, how very closely the different nerve centres are brought together by commissural fibres, and hence one centre may be in-



fluenced by another. To illustrate, in our late rebellion a soldier received a severe wound, involving the muscles of the right thigh—shortly after there was paralysis of the right arm—as well as the loss of power in the leg, which almost simultaneously with the wound took place. In this case, the spinal centres, from which arise the nerves that supply the leg, were paralysed by the shock, or sudden exhaustion, and this exhaustion was conveyed to the higher spinal centres by means of the commissural fibres, and paralysis of the arm took place; this is the way in which paralysis reaches contiguous structures.

Dr. S. Weir Mitchell\* gives us several interesting cases of this nature. A soldier was wounded in the right testicle, which caused paralysis in the tibialis anticus, and peroneus longus muscles. In another case, a wound involving the œsophagus, contiguous parts caused dysphagia from paralysis of the œsophageal coats, and caused secondarily paralysis in both arms.

Graves† records an instance where a lady wounded the inside of her ring finger with a blunt needle, very shortly after numbness and loss of sensation followed, first in the ring finger, and subsequently in the little finger. We have thus to remember that it will sometimes be necessary to search elsewhere for the primary seat of the paralysis, than in the centre which presides over the part paralysed.

The second variety of reflex paralysis, to which I made allusion in the commencement of this article, according to strict pathological rules should not be regarded as such for this reason, that although after death, no change can be detected in the spinal marrow, still in the nerves and their branches, there is a peculiar whitish opaque appearance, the result of effusion of plastic

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\*Circular No. 6, Surgeon Generals office, March 10, 1864.

†Lectures on Clinical Medicine, p. 379.



lymph beneath the neurilemma, this effusion by its pressure on the nerve fibrils, interferes with the performance of their proper functions, and as the products of the effusion are usually permanent, the paralysis itself becomes permanent.

This second variety of paralysis, there can be but little doubt, is in the first stage, identical with that already described, but whether the pathological change is brought about by a peculiar dyscrasia existing in the individual, or whether it is the intensity of the cause exciting the paralysis, that gives rise to it, I am not prepared to say. This much however we do know, that it is the result of neuritis, and its existence in the nerve is incompatible with the full restoration of its function. Recovery in these cases, goes on to a certain stage and then stops, and is more complete in a limb, or in a set of muscles, than in the other parts affected.

I am inclined to think that all cases of reflex paralysis which do not eventually get well, owe the permanency of their diseased condition to the above cause. The following two cases will serve for illustration: "K. G.\* at eleven months old had learned to walk, suddenly it was observed that she was unable to do so, and it was six or eight months later before she regained even imperfect locomotive power; the right leg was partially paralysed, but there was no sickness or other indications of the cause, or even the time of its occurrence. At thirteen I operated on her for partial club foot."

In my own practice I am able to cite one case, that of a man, who in the winter of 1869 had his feet severely frost bitten, loss of motion in the legs gradually took place, and at this date the paralysis remains unchanged. This variety of the disease in young children, is soon followed by shortening or contraction of certain muscles or sets of muscles, and a great many cases of talipes that

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\*Taylor on Infantile paralysis, p. 11.

come before the surgeon for treatment, are brought about by this cause.

The prognosis in reflex paralysis is on the whole favorable—of course the character, intensity and permanency of the primary disease will always influence the medical adviser in his statement as to the time when recovery will most probably take place, and likewise to what extent it will be complete. He will have to remember that some peripheral irritations are more potent in creating an anæmic condition of the antero-lateral columns of the cord than others are, and consequently in such cases, the chances of an imperfect recovery are increased—especially will this obtain in paralysis resulting from cold, and also in infantile paralysis—it is in infancy that tissue growth is most vigorous and rapid, and it is then that any derangement in the function of the nervous system, which is always attended in a greater or lesser degree with disorder of nutrition, will be most likely to result in an imperfect recovery.

*Treatment*—In making up his mind as to the best method of treating his patient, the physician should always take into consideration the fact, that the palsied condition he is about to prescribe for, is not in itself a disease, but merely an expression or symptom of diseased action going on in some other place, and that according to his ability to discover and remove this distant cause, will rest the possibility of his sooner or later removing the symptom, which is the paralysis.

There are four indications deserving attention in the treatment of reflex paralysis, 1st. to remove the peripheral cause of irritation; 2d. to give tone to the general system; 3d. to induce within the spinal centres an exalted state of the circulation, and thereby augment nutrition of the cord; 4th. to counteract the evil results of inaction in the paralysed muscles.

The first indication mentioned requires but a very brief mention indeed; when once the cause is discovered,

the means for its removal will usually readily suggest itself. I shall make allusion to one or two instances. When an inflamed condition of the mucous membrane of the bladder is the exciting cause, active measures should at once be directed to that organ. The patient should be kept strictly in the recumbent position, with the pelvis slightly raised; a hot linseed poultice should be placed over the bladder, and changed every six hours; a suppository of opium and cocoa butter in the rectum, will relieve that distressing pain during micturition so common in cystitis, and at the same time the following mixture should be given:  $\mathcal{R}$  potass nitratis  $\mathfrak{z}$ ij, acid nitrici dil  $\mathfrak{z}$ i, spts. eth. nitrous  $\mathfrak{z}$ vij, sacch. alb.  $\mathfrak{z}$ vij, decoct hordei ad.  $\mathfrak{z}$ xvi, a tablespoonful every two hours. In a few days there is usually a great improvement observed. Should it be necessary to give a more active diuretic, the following will prove a most excellent combination:  $\mathcal{R}$  ext. uva. ursi. fl.  $\mathfrak{z}$ viii, spts. eth. nit.  $\mathfrak{z}$ iv, tr. cannabis indica  $\mathfrak{z}$ viii, aquæ hordei ad.  $\mathfrak{z}$ vi, a teaspoonful every three or four hours.

The urine in these cases, on account of its irritant qualities, keeps up the irritable state of the bladder, and hence any agent like the above, that will increase its quantity, will render it less liable to affect the mucous membrane of the bladder. Partaking freely of mucilaginous drinks, will also tend to the accomplishment of the same object. In addition to these therapeutic agents, it will be necessary to strongly insist on the advantages to be derived from rest and quiet.

Some authorities speak highly of injections, containing some anodyne, into the bladder, but absorption is so slow in that organ, that much benefit can hardly accrue from that mode of treatment, on the other hand, much harm may result from the too frequent use of the catheter. It can not be denied, however, that a solution of the biborate of soda sometimes has a most salutary tonic action on the vesical mucous membrane. It should



be used as follows : *R* sodæ biborate  $\text{ʒviii}$ , glycerina  $\text{ʒij}$ , aqua. dist.  $\text{ʒij}$ ; add three drachms of the above to four ounces of tepid water, and inject very carefully and slowly, this operation should be repeated once a day.

When the primary disease is in the prostate, or in the urethra, an injection composed of ex. belladon, gr. i, and tr. opii, gtt. xx, thrown into the canal and retained there one hour will be highly beneficial, when it has come away a decoction of linseed should be used to wash out the urethra, this should be repeated every second day. When a small blister is applied every fourth or fifth day, on either side of the raphe of the perineum, so small indeed that it will not keep the patient from moving about, he will soon find that the dull aching, once so severe, will gradually grow less, until finally all the pain will be the burning of the blister.

In cases where the irritation proceeds from the uterus or vagina—Trousseau speaks highly of a pill composed of half a grain of extract of belladonna and a grain of opium, covered thinly with cotton wool, and placed securely against the neck of the uterus—the local application of a solution of nitrate of silver in such cases, is also of immense benefit. In paraplegia resulting from displacement of the virgin uterus, the cure is readily suggested in the reduction of the displacement, and when it results from the pressure of the gravid uterus, it will disappear at the termination of gestation, a suspensory bandage in such instances will afford relief. Sometimes dysentery or obstinate diarrhœa give rise to paralysis. In one such case in my hands, the palsy rapidly disappeared under the use of large doses of the subnitrate of bismuth by the mouth, and the administration of an injection into the rectum, twice daily, composed of bismuth and tincture of opium and mucilage, this is worthy of a further trial. Ipecac in ten grain doses, is sometimes a useful adjunct to the bismuth.

When the exciting cause is cold and dampness, friction



over the paralysed part with some stimulating liniment, or if the loss of muscular power be extreme, the application of a number of small fly-blisters, each having a diameter of not more than one inch, over the surface of the limb will often be of advantage, when the blistered surfaces have nearly healed, fresh ones should be placed on parts of the integument not before occupied. In cases of paralysis due to teething, small doses of opium should be frequently administered. The same fact holds good when neuralgia is the cause, and likewise disease of the stomach, of the lung, of the pleura, of the liver, and of the kidneys.

In some cases of diphtheritic paralysis, a rapid cure has been obtained by the use of sulphur baths, indeed this is a therapeutic means that should be tried in every instance of reflex paralysis, it makes little difference what may be the exciting cause. The best form in which to use this agent is the sulphuret of potassium, in the proportion of four or five ounces to the usual amount of water required in a bath, a stimulating action on the sentient nerves of the whole cutaneous surface is produced, and although the effect on a single part is not notable, yet as Dr. Handfield Jones remarks, "The total impression conveyed to the nervous centres is considerable, and probably by its mildness and general diffusion, acts with great advantage." The bath should be tepid, and the patient should not remain in longer than ten or fifteen minutes, and should carefully avoid that feeling of lassitude and exhaustion that always follows too long emersion in water.

The second indication, namely to give tone to the general system, is procured by paying strict attention to the functions of digestion, assimilation and nutrition; this is a very important consideration, one that we have to study closely in all classes of disease, and especially in chronic cases does it grow in magnitude and importance above all others. Quinine and iron answer a most

excellent purpose to this end. Where the stomach will not tolerate a tonic of the class named, the mineral acids, especially the hydrochloric combined with some bitter infusion, will be of service, and the more powerful tonics will afterwards be more acceptable and potent for good. Never forgetting that in reflex paralysis, there is an anæmic condition of the antero lateral columns of the cord, it will be necessary to remove the anæmia, and to substitute a more vigorous state of the intra spinal circulation; in doing this, the third indication, namely to improve the nutrition of the cord, will be accomplished. For this object nothing is more effacious than strychnia; the initial dose should be  $\frac{1}{25}$  of a grain, gradually increased until either the peculiar symptoms of the action of strychnia are observed or until  $\frac{1}{15}$  or even  $\frac{1}{10}$  of a grain is reached. Should improvement take place, as will often be the case before the above large dose is arrived at, it will not be necessary to push the remedy beyond the point already reached. I usually combine the strychnia with dilute phosphoric acid and some bitter infusion, quassia for instance, and administer the remedy three times a day, and watch its action closely. In some cases it will be necessary to combine some form of iron with the strychnia, as in the following R: Strychnia sulph. gr. i, ferri. pyrophosph  $3\frac{1}{2}$ , quinia sulph.  $3\frac{1}{2}$ , acid phosph dil.  $\bar{3}$ ij, syr. zingiberi  $\bar{3}$ ii, a teaspoonful of this mixture should be given three times a day after meals. Sometimes nux vomica will be tolerated much better than strychnia, when necessary to administer it, it may be given thus: R. Ext. nux vom. gr. xv, ext. hyos. gr. xv, zinci phosphide gr. iii, divide into thirty pills, one three times a day.

In connection with the use of the measures already mentioned, the application of the direct galvanic current will be of advantage. The negative pole should be placed a short distance above the affected part of the cord, and the positive pole a short distance below it, by

this means the influence of an ascending current will be produced on the cord, and a rapid increase of the caliber of its minute blood vessels will take place. Dry cupping to the spine is sometimes resorted to, and also at one time, Dr. Chapman's india rubber bags filled with hot water and applied to the spinal column, were extensively resorted to, and they answered an excellent purpose. Small blisters, in some cases, may also be used, though ordinarily it will not be necessary to resort to them. Dr. Graves speaks highly of them, and attributes some most remarkable cures to their use. No mention has ever been made, so far as I am aware, in any of the medical journals, of the therapeutic use of chloral in spinal anæmia, still from a recollection of its physiological action it seems that it should be of service. When given in certain diseases of the brain, associated with anæmia of that organ, as for instance in some varieties of melancholia, its soothing influence is rapidly felt. The same may be said when it is given in neuralgia—we know that the nervous centres implicated in true neuralgia are always in an anæmic condition. Chloral is contra-indicated in all congested or inflamed states of the brain, and as this same fact holds good in the case strychnia, I am the more inclined to believe that chloral will yet be of service in the treatment of many cases of reflex paralysis.

The last indication is to prevent change taking place in the parts paralysed. Any set of muscles will lose their volume, and fatty degeneration will ensue after long disuse, and this is still more likely to happen in paralysis, for then the proper nervous current essential to nutrition is cut off, and the capillary circulation of the part in a still greater degree lessened. It is a notable fact, that many instances of misshaped limbs are a result, or rather an after result of paralysis,—one set of muscles being paralysed, the set opposed gradually contract, and as a result there may be a variety of talipes or some

other distortion. To prevent this as far as possible, the limb should be rubbed briskly, and shampooed every third day. In addition to these means we have in faradization a most potent resource for locally increasing nutrition; in applying it, one conductor, well wetted, should be placed over the trunk of the nerve, or on the spine from whence the nerves of the part proceed, and the other over the muscles to be stimulated, if faradization is used, it will answer to keep the second conductor steady, if galvanism, it will be necessary to move it about in order to interrupt the current. The faradization should be of such low intensity as scarcely to be felt, and yet be of sufficient strength to cause the muscles to respond; it should be used every day, and the muscles most paralysed will be benefited by a greater proportion of stimulation. The treatment of distorted joints caused by paralysis, belongs properly to the province of the of the orthopædic surgeon, and is beyond the scope of an article like the present.

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### THE TREATMENT OF CHRONIC INTERMITTENT FEVER, WITH EUONYMUS ATROPURPUREUS (WAHOO.)

BY C. RICHMOND, M. D., KOKOMO, IND.

Chronic intermittent fever is often a source of great annoyance to the physician, not unfrequently exhausting his resources without accomplishing a cure. Many cases are protracted greatly; and complications arise in some that render the treatment difficult and uncertain.

The most usual complication is enlargement of the spleen; and so frequently does this occur that it seems almost a part of the disease, and a speedy recovery should not be expected while the enlargement continues. The view I have entertained of the condition of the



spleen in such cases is, that the enlargement is mostly of a dropsical character. No doubt that blood, in large quantities, goes to the spleen during the cold stage; and as the blood becomes more and more attenuated or watery, it leaves, at each successive paroxysm, more of its watery element; which, in a short time, produces appreciable and often remarkable enlargement. General dropsy is not an unfrequent sequel in intermittent fevers, and is always, I think, accompanied by enlarged spleen.

Whether the above is a correct view of the pathological condition of the spleen or not, upon this hypothesis I have acted in my treatment, and am satisfied with the result.

My attention was early directed to the use of wahoo, in the treatment of dropsy, in which I found it a valuable remedy; and when adopting the view above given of the condition of the spleen in intermittents, I at once resorted to the wahoo, and have never had any reason to abandon it.

The spleen will sometimes remain somewhat enlarged for years after it has become so. In these cases I have been more successful in removing the enlargement with the wahoo than with any other remedy. My manner of using this remedy is in the infusion of the fresh bark. The "Fluid Extract" I have never found to be as reliable. Two ounces of the fresh bark of the root to one part of water, poured upon it boiling hot and allowed to steep some time; of this, from half a pint to one pint should be given each day. Drunk warm and in  $\bar{3}$ ij doses every hour or two, it will generally procure several large watery alvine evacuations. Taken in half the quantity, or every three or four hours, it will act as a diuretic, and should be continued for days, if necessary. I generally give the remedy until it purges at first; then as a diuretic and tonic. Quinine can be given at the same time.

## CHLOROFORM AND CARDIAC DISEASE.

In your last (January) number, from the pen of A. S. Griffith, M. D., Nashville, Ind., you publish the report of a case which is so very remarkable that it deserves further consideration. The object of the writer is to show by example, not only that chloroform may be safely administered in cardiac disease, but that he has successfully exhibited three pounds of the drug to such a case in nineteen hours of continuous anæsthesia without injury, besides the simultaneous use of ten grains of morphia and other potent articles in proportion.

That chloroform and chloral are not only unsafe, but really dangerous means in patients who have any of the various forms of organic disease of the heart, is generally believed by the profession. This report gives most positive denial to an accepted truth, and for this reason it deserves careful notice. For the information of the profession, and the interests of science, will the reporter please to be a little more explicit in the statement of his case.

Dr. Griffith tells us that "Miss —— had been suffering and confined to her bed for some time, her disease being a cardiac and uterine difficulty. This statement of pathological conditions, "cardiac and uterine difficulty," is too vague and ill-defined to be of value to the profession. If chloroform may be thus heroically used in heart disease, it is important to know the kind and exact character of the lesion in which it may be safely administered. We may yet find it safe in one class of these affections, and dangerous or fatal in others. Will the reporter please state the particular affection in this case, with the facts upon which he based his diagnosis?

Dr. Griffith is equally obscure in his statement of the acute attack which required so formidable an array of doctors, and such heroic treatment. He says, "She was attacked with severe pains of neuralgic character, radia-

ting from the os-pubes to the pyloric orifice of the stomach." This statement gives the reader no intelligent idea what was the matter with the girl. The anatomical distance from the os-pubes to the pyloric orifice is very great, and I know of no direct pathological relations between them.

Will the reporter please inform us of the anatomical seat and pathological nature of that terrible pain? I am curious to know in what organ of the body a disease may be located which can prevent 3 lbs. of chloroform, mor. grs. x, fld. ext. ipec. f3ji., tr. gels. f3ji., several grains of svapnia, camphor, ipecac and dioscoria, "besides an enormous quantity of ipecac, gelseminum and tinct. opii. by enema," all having access to the body of a girl in a few hours, from certainly producing death. Such a disease if it can be artificially produced, will be valuable to us as an antidote, as it will surely strangle all the poisons known to chemistry or botany.

SCRIPSI.

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## Ophthalmology and Otology.

BY DR. C. E. WRIGHT.

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### SUPPOSED ATROPHY OF IRIS.

A gentleman, æt. 39, brought to me by Dr. B. H. Perce, stated that about five years before a piece of steel had penetrated the sclerotic, in the horizontal meridian, between the insertion of external rectus muscle and the cornea, and lodged somewhere within the right eye. Previous to the accident sight was equally good in both eyes, and the irides were similar in color. After the injury he suffered greatly from pain in the eye, in the supra orbital region and along the nose, and vision in the injured eye became impaired, so that for a long time

he has been unable to see objects except very indistinctly in one direction—toward the nose. He suffers very little inconvenience at present—the eye being a little sensitive to a bright light—and has no pain. In the left eye the iris is light blue in color, and vision is normal. In the right eye we find the iris of a muddy brown color, and apparently very thin, the striæ very indistinct; the pupil is about three-fourths of a line in width, and does not respond to calabar bean or atropia, even when used in strong solutions. Strong light or darkness have no effect in causing contraction or dilatation of the pupil. There is no synechia, either anterior or posterior, the iris being perfectly free, and swinging to and fro in the aqueous chamber, like a limp rag in a bucket of water. A portion of the lens has been absorbed, and on the wrinkled oscillating remains can be seen patches of uvea, the results of former adhesions of the lens to the iris.

Exposure to bright light or to the glare of the snow compels closure of the lids. No great inconvenience being experienced, the left eye not exhibiting any sympathetic irritation, and the patient objecting to enucleation of the eye or extraction of the cataract with or without iridectomy, nothing was done, and we are left to suppose that the iris was atrophied, owing to iritis caused by the presence of the foreign body and to former pressure from the once swollen lens.

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#### PURULENT AURAL CATARRH FOLLOWING THE USE OF COLD WATER IN WEBER'S NASAL DOUCHE.

For several years I have employed the douche for cleansing the nasal cavities, always using *warm* solutions, alkaline or otherwise medicated. I have used the instrument in my office many hundreds of times, and have never seen any bad effect when properly used. Cold



water, or pure warm water I have always found to be irritating to the nose, and consequently to be avoided.

A young lady affected with ulcerative rhinitis for several years, had for the past year been under the treatment of a physician in this city. The patient had been in the habit of using the douche with warm salt water every morning; one morning, being in a hurry, she used *cold* water, and immediately began complaining of pain in the left ear. I was called to see the patient after she had suffered for two days and a night, and found her symptoms to be those of acute purulent aural catarrh. The membrana tympani being bulged outwards by an accumulation of pus in the tympanum, I punctured it and a small quantity of pus escaped. The mastoid portion of the temporal bone was very tender to the touch. Eating solid food was impossible, and fluids were swallowed with difficulty. Warm applications, anodynes, syringing the ear frequently with warm water, the use of the catheter and Politzer's apparatus with the vapor of chloroform, constituted the treatment for the first few days, and astringents locally, with tonics internally, formed the after treatment. The perforation of the membrana tympani has healed, and all symptoms of inflammation have ceased. Hearing distance of the affected ear, with the watch, two feet; with the sound ear four feet. The patient was confined to her room for three weeks, and has been under treatment about two months.

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#### TREATMENT OF CHRONIC TRACHOMA WITH SULPHATE OF QUINIA.

Dr. Bader, of Guy's Hospital, having recently recommended quinine in the treatment of granular lids, and having published cases in which it had been successfully employed, I was induced to test its virtues in one dozen

persons, taken indiscriminately from a number of chronic cases of this disease. In seven, a severe chill followed by fever, great photophobia, and increased severity of all the symptoms followed the first application, and these were aggravated by subsequent applications. In three cases a purulent discharge was excited, but without any perceptible curative results. In the two remaining cases, no effect was observed beyond a burning and pricking sensation, lasting for two or three hours. In no instance did there follow dilatation of the pupil, diminution in the granulations or any of the beneficial effects claimed by Dr. Bader to have been observed in the cases under his treatment. The applications in my cases were made every other day for one month; a small portion of quinine, probably one grain, being placed on the inner side of the lower lid, excepting in those cases where the salt caused evident injury. By the way, I have noticed an increased body heat in many cases of trachoma, which is relieved by quinine and cod liver oil internally.

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### HORNY TUMOR OF THE AURICLE.

In August, 1869, I removed a horn, about one inch in length, from the helix of the auricle of a gentleman from Pennsylvania. This horn had developed from a scale of epidermis, which was frequently removed by the patient. At that time I could not find the record of a similar case, and I only mention it now in order to add the fact that the patient has since died of *lupus exedens*, affecting the face and head. The specimen is now in the possession of Dr. D. B. St. John Roosa, of New York.

Gleanings from Foreign Journals.

BY GUIDO BELL, M. D., INDIANAPOLIS.

Vaccine lymph, preserved and diluted with glycerine, has been used on a large scale during the last small-pox epidemic in Europe. *Dr. E. Miller* takes one part of the virus, two of water and two of glycerine; water and glycerine must be chemically pure, the mixture must be stirred up before use, then the virus seems to be more effective than without glycerine, because the latter prevents coagulation of the blood.—*Berlin. Klin. Wochen.*

The fact of the permeability of the Fallopian tubes, by the uterine probe, [Duncan & Hildebrand] is confirmed again.—*Ibid.*

Multiple abscesses in infectious diseases are said to be caused by miliary accumulation of organisms not belonging to the human body. The theory that low organisms are the cause of contagious and infectious diseases prevails now in German Journals.

The extract of conium maculatum has been recently recommended in soreness of the mammary glands, in general when the secretion of milk is abundant and painful, and when it leads to inflammation, or when the milk canals are obstructed. The dose is from a half to about two grains four to six times a day. It is an old remedy known to Pliny. Suppuration requires other treatment.—*Wien. med. Press.*

After Donders the following is of bad influence upon myopic eyes: pressure of the muscles upon the eye-ball, when the axis of vision is very convergent, then increased intra-ocular pressure and congestion of the posterior parts of the eye. Blood letting was recommended; but Dobrowalsky proved theoretically and practically that instillation of atropia [one part to one hundred and twenty of water, once or twice a day] has the best effect on

myopia. Spasm of accommodation of the eyes preceded the myopia, this is curable by atropia. Every myopic young person under this treatment, for eight or fourteen days, once or twice a year, can preserve good sight.—*Blätter f. Heilwissen.*

*Dr. T. E. Weber* publishes his experience in tenotomy of the tensor tympani muscle, and says; Subjective perceptions of the ear have been cured mostly; if giddiness was combined with it, it was always abated; the power of hearing reappearing very often; tenotomy of this muscle seems to be a good preservative for hearing. Other facts and remarks, the description of the knife and the method interesting to specialists can be omitted here. The author refers to *Prof. Hyrtl* who has spoken of the possibility of this operation.—*Berlin. Klin. Wochensch.*

*Dr. Chvostek* publishes eight cases of Basedow's disease, cured by electricity.—*Wien. med. Press.*

Local anæsthesia by sulphate of morphia before surgical operations hypodermically or upon wounds, gains much attention. *Dr. Spessa* uses a solution of about one grain to the drachm of water.

*Dr. Albu* had under his control 500 vaccinated children. In 17.2 per cent., vaccination was not followed by disease; in 24.4 per cent., diseases occurred, but not in connection with the vaccination; in 58.4 per cent., phthisis and scrophulosis ensued. 53 children of the latter died in the following year, total number of deaths 103.—*Berlin Klin. Wochensch.*



## Proceedings of Societies.

### MIAMI COUNTY MEDICAL SOCIETY.

Pursuant to a call, the physicians of Miami county, met in the office of Dr. C. B. Higgins, in Peru, on Saturday, January 20th, 1872, for the purpose of organizing a County Medical Society.

Dr. James A. Meek being called to the chair, and Dr. F. B. McNeal elected Secretary, the following committee was appointed to draft a constitution for the government of the Society: Dr. John H. Helm, Dr. W. H. Brenton, and Dr. Jas. O. Ward.

The committee recommended and the Society adopted the constitution of Wabash county Medical Society, with such changes as were necessary to apply to Miami instead of Wabash county. The following gentlemen then subscribed to the constitution and became members of the Society: James A. Meek, J. W. Ellis, J. H. Helm, E. M. Bloomfield, C. B. Higgins, W. H. Brenton, J. O. Ward, E. K. Frierwood, S. S. Marsh, M. D. Ellis, W. T. Mendenhall, J. C. Waite, F. B. McNeal. Dr. J. M. Runyan, of Stockdale, was then elected an honorary member.

The Society then proceeded to an election, and the following officers were chosen for the ensuing year: Dr. John H. Helm, President; Dr. F. B. McNeal, Secretary; Dr. W. T. Mendenhall, Treasurer; Dr. C. B. Higgins, Dr. W. H. Brenton, and Dr. James A. Meek, Censors.

The first Monday in each month was selected for the regular meetings of the Society.

After the transaction of other important business the Society adjourned to Monday, February 5th, at 10 o'clock A. M.

JOHN H. HELM, Pres't.

F. B. McNEAL, Secretary.

## OBITUARY.

RUSHVILLE, February 13, 1872.

In pursuance to a call of the Secretary, Rush Medical Society met in Dr. M. Sexton's office, at 10 A. M., at which time the following preamble and resolutions were adopted :

WHEREAS, By one of those inscrutable dispensations of Providence, "past finding out," Dr. A. B. Casterline, a fellow of Rush Medical Society of three years standing, has been suddenly removed from our midst ;

WHEREAS, He had during his brief professional association with us, endeared himself to each member by his uniform urbanity of manners, and strict professional deportment ; therefore, be it

*Resolved:* That in this sudden bereavement, we feel that our society has sustained the loss of an active and useful member, whose place it will be impossible to supply.

*Resolved:* That the community with whom he has labored successfully, will feel deeply the absence of Dr. A. B. Casterline, who, in his daily work before them, illustrated well and nobly the character of the Christian gentlemen and citizen, the kind-hearted and intelligent physician.

*Resolved:* That we will pay the final tribute of respect to our departed friend by accompanying his remains to their resting place in East-Hill Cemetery.

*Resolved:* That our deepest sympathy is hereby tendered to the aged mother of our friend, and to the other members of his family, in their profound and sudden affliction.

*Resolved:* That the Secretary of the Society furnish a copy of these resolutions to the family of the deceased, and to each of the county papers, and to the *Indiana Journal of Medicine* for publication.

JOHN ARNOLD, Pres't.

JOHN MOFFITT, Sec'y.

## Reviews.

TRANSACTIONS OF THE INDIANA STATE MEDICAL SOCIETY, 1871, Indianapolis; pp. 248, by Rob. Bartholow, Cincinnati.\*

We have taken up this volume with no little interest and expectations. The Indiana State Medical Society is honored with the membership of eminent physicians, and its report should contain some record of its highest work. The volume of transactions for 1871, is a comely work; it is printed in excellent style on tinted paper, and has within its 250 pages some excellent contributions, it contains, also, we grieve to say, some wretched stuff. In analyzing it we propose to be frank, to praise that which appears to be worthy of praise, and to condemn, as it should be condemned, that intellectual shoddy wherewith this volume, as many other volumes of the kind, are stuffed out into portliness.

The first paper is the address of the President, Dr. R. N. Todd, and is on "the relation which the medical profession sustains to the administration of justice." His address in respect to style, thought, and manners of treatment of the subject, offers a marked contrast to many utterances of Medical Society Presidents. The occupant for the nonce of the presidential office, usually thinks it necessary to get off some "fustian stuff," in which "our glorious profession," "the dignity" of the same, "medical ethics," and it may be "patent rights," figure largely. Dr. Todd does not follow the venerable precedent set for him by vapid and pretentious presidential gophers, but discusses with good sense, and clearly and intelligently the questions which may be submitted to the medical expert. After stating the cases in which medical testimony becomes of great importance, he proceeds to speak of the two kinds of evidence required of medical men—evidence as to facts, and "special inferences from facts supposed to be established." In this

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\*We regret that we can not fully endorse all the opinions expressed in this article by our worthy reviewer.—Eds.

connection Dr. Todd alludes, with a just severity, to the sorry figure too often made by medical witnesses in medico-legal investigations, and he indicates very appropriately the nature of the office and the duties of the medical expert. The whole of the address may be profitably read by any physician called upon to testify in court, either as ordinary witnesses or as expert.

A very excellent paper by Dr. Parvin follows the President's address. It has one of those taking titles which your modern gynæcologists delight in—"Placental Extraction and Placental Expression." *Placental extraction*, the placenta to be *drawn out* in abortion; *placental expression*, the placenta to be expressed, *pressed out* in labor." Dr. Parvin formulates the true practice in abortion as follows: "I believe that in abortion, where the placenta is not readily expelled, the dependence of the physician should be upon extraction with one or two fingers—it is a *vis a fronte* not a *vis a tergo* which must be invoked to prevent placental retention." Who does not agree with this maxim, and what practical physician is not familiar with this manœuvre, and has not practiced it? The method of "expression" for the delivery of the placenta has long been employed on the continent of Europe, and taught in the gynæcological clinics, but is less practiced in this country. Dr. Parvin's argument in its favor, although in no sense novel, may therefore be useful by attracting more attention, than is at present given, to the method.

We have next two articles on Anæsthetics in Midwifery—the first by Dr. Dougan Clark, of Richmond, Indiana, the second by Dr. Lunsford P. Yandell, of Louisville, Kentucky. Although comparisons are odious, it is impossible to avoid them here. The two writers as respects style, belong to different hemispheres. Dr. Clark clear and direct in statement, logical in argument, cautious yet firm in conclusions—a writer of the temperate zone; Dr. Yandell, grandiose, verbose, rhetorical—a



"fine writer," in fact, of the torrid zone. Dr. Clark, after a very clear statement of the subject, summarizes his conclusions in nine propositions, which it seems to us, are perfectly warranted by the facts. Dr. Yandell, after a declamatory historical account of the discovery of anæsthesia, which occupies seven pages, devotes three pages to anæsthetics in midwifery practice.

After the fustian stuff be spent,  
Then he turns to the argument.

In this practical (?) part of his paper we find some extraordinarily fine writing, and some singular, not to say, unwarrantable statements. For example—

"It is that when asphyxia supervenes we are possessed of no means of restoring our patient. However promptly resorted to after alarming symptoms are observed, all means have too often failed to rekindle the fleeting spark of life." In one sentence we have *no* means of restoring a patient, in another *all* means too often fail.

Says Dr. Yandell, "I can not hold practitioners justifiable in waiting for additional testimony." "The distrust with which anæsthetics are still regarded by so large a proportion of the profession, is to me, I confess, unaccountable. I can not understand it."

Dr. Yandell does not vouchsafe any information in regard to mode and rules for inhalation, dangers, and contra-indications, but declaims with unwearying pertinacity his "glittering generalities" to the end of the chapter.

The next paper, by Dr. Wilson Hobbs, of Carthage, Indiana, is on Chloroform and Chloral in Puerperal Convulsions. Dr. Hobbs, like Dr. Yandell, is given to eloquent bursts of a rather startling kind. Chloroform, "a child of mercy," "offspring of the gods," "became a citizen of the world and the companion of men, and immediately set out on its mission of love and mercy." Such a mixing of meretricious metaphors is unbecoming a scientific paper, and is to the last degree offensive

against literary taste, otherwise the paper of Dr. Hobbs is very good. The doctor exhibits knowledge of his subject, considerable research, a certain power of analysis, and the faculty of observation.

The discussion which follows these papers on anæsthetics, participated in by Drs. Bigelow, Lomax, Harvey, Waterman, Gregg, Newcomer, Williams and Todd, is really very creditable to all concerned. These gentlemen, without exception, exhibit considerable knowledge of the subject, and express themselves in correct and forcible language. What is really of more value than this, their observations appear to be founded on personal experience.

A meagre but suggestive paper on the "Prevailing Diseases of the Seventh Congressional District," by Dr. Adams, of Frankfort, and a discussion thereupon, and a short but excellent paper on "Paralysis of Accommodation of the Eye," by Dr. C. E. Wright, of Indianapolis, follow the papers and discussion on anæsthetics. We come next to an elaborate paper on the "Responsibility of Physicians, and the Objects and Duties of the Indiana State Medical Society," by Dr. Lomax, of Marion. This is all very well—an excellent paper, written clearly and in good English—but to what end? It would be appropriate as a President's address, but is clearly out of place as a contribution to the practical work of the Society.

Dr. Harvey, of Indianapolis, appears in a paper on the "Prevention and Laceration of the Perineum,"\* and Dr. Kersey, of Richmond, reports a case of "Progressive Muscular Atrophy." These papers very appropriately find a place in the Transactions, for they represent the experience and observation of the gentlemen reporting them. Facts reported and observations made by gentlemen as intelligent as the writers of these two papers,

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\*This paper we intend to replenish in the Journal, as it is of interest to every general practitioner.—Eds.

must necessarily be valuable and worthy of a permanent record.

Following them occur two theoretical and speculative papers, quite inappropriate as we conceive for a place in the Society's published transactions. Dr. Duzan writes on "Nature and Cure of Disease," and as might be expected, throws no light on these recondite subjects. Dr. R. E. Haughton, of Richmond, discusses the "Influence in Disease of the Nervous System," with an air of authority as if he possessed some special proprietary right in the functions of this part of the organism. He presents a strange jumble of the views of Paget, Brodie, Lister, Beale and others. Dr. Beale, he finds, teaches the "essential idea of this paper," but this he had not learned until after his own lucubrations crystallized, whence the reader is led to infer that Dr. Haughton is an original investigator in the field of neuro-pathology. He decidedly intimates this when he refers to "a former paper read before the Union District Medical Association," in which he "alluded to the nervous origin of diabetes, chorea, rheumatism, neuralgia, progressive muscular atrophy and some others!" Dr. Haughton has evidently little conception of the real position of neuro-pathology, and his whole idea of nutrition changes, and morbid processes seems centered in the influence of the vaso-motor nervous system over the blood circulation. Hence he decides that "the whole doctrine of nerve pathology and therapeutics needs revolution and change."

Dr. W. J. Elstun, of Indianapolis, contributes a short, superficial, but to some extent, suggestive paper on Bromide of Potassium.

A treatise on "Self-pollution in Children," appears from the pen of Dr. H. P. Ayres, of Fort Wayne. This is made up chiefly from Lallemand and Wilson, and is written in a highly sensational style. It would answer very well, and would no doubt serve a useful purpose, as a pamphlet for popular use, but it really has no place as a scientific paper for presentation to a medical society.



We have nothing but praise for the very excellent paper on "Exophthalmic Goitre," by Dr. Kemper, of Muncie. He has collected a number of cases from various sources, has tabulated them, and elaborated an interesting summary of the symptoms, course, duration, pathology and treatment of this disease.

Dr. T. M. Stevens, of Indianapolis, discusses the "Treatment of the Criminal Insane," in a brief paper. He gives the following sensible conclusion in regard to the responsibility of the "criminal insane:" "The true mode of procedure would be, we think, to decide from the evidence of competent experts, appointed and paid by the State, the degree of insanity, and determine the the grade of limited responsibility."

The last regular paper is by Dr. J. F. Hibberd, of Richmond, and is entitled "Progress of Medicine." We confess to much disappointment on reading this paper. It is written, it is true, in Dr. Hibberd's felicitous and vigorous style, but we expected from him an exact statement of the progress of medicine as shown in the additions made to our knowledge. The volume closes with a good biographical sketch of Dr. J. S. Bobbs, and the reported proceedings of the society.

In ending our review of the transactions, we have to make a single reflection: Why do not the very able and eminent members of the Medical Society of the great State of Indiana give us somewhat more of original work, some observations made by themselves in their own extended experience, some practical therapy, rather than dry essays on topics neither instructive nor entertaining. It is a curious psychological problem—why the provincial medical mind ambitiously deals rather with recondite subjects of medical philosophy than simply matters of professional detail. The former never can be, the latter rarely fails to be useful. Permit us then, most honored colleagues, to request you in your future transactions, to give us some material from your own valuable stores.



## Editorial.

AMERICAN MEDICAL ASSOCIATION.--The twenty-third Annual Session will be held in Philadelphia, Pa., May 7, 1872, at 11 A. M. The following Committees are expected to report:

On cultivation of the Cinchona tree, Dr. Lemuel J. Deal, Pennsylvania, Chairman.

On the Anatomy and Diseases of the Retina, Dr. R. F. Mitchel, Alabama, Chairman.

On the comparative pathology and the effects which Diseases of Inferior Animals have upon the human system, Dr. Geo. Sutton, Indiana, Chairman.

On the structure of the White Blood Corpuscles, Dr. J. G. Richardson, Pa., Chairman.

On vaccination, Dr. T. N. Wise, Kentucky, Chairman.

On Skin Transplantation, Dr. J. Ford Thompson, D. C., Chairman.

On the Nature and Process of the Restoration of Bone, Dr. A. L. McArthur, Illinois, Chairman.

On some Diseases peculiar to Colorado, Dr. John Elsner, Colorado, Chairman.

On Correspondence with State Medical Societies, Dr. N. S. Davis, Illinois, Chairman.

On National Health Council, Dr. Thomas M. Logan, California, Chairman.

On Nomenclature of Diseases, Dr. Francis Gurney Smith, Pa., Chairman.

On what, if any, Legislative means are expedient and advisable, to prevent the spread of Contagious Diseases, Dr. M. H. Henry, New York, Chairman.

On American Medical Necrology, Dr. J. D. Jackson, Kentucky, Chairman.

On Medical Education, Dr. J. S. Weatherly, Alabama, Chairman.

On Medical Literature, Dr. Theoph. Parvin, Indiana, Chairman.

On Prize Essays, Dr. Alfred Stille, Pa., Chairman.

On the Climatology and Epidemics of New Hampshire, Dr. G. R. Crosby; Vermont, Dr. G. B. Bullard; Massachusetts, Dr. E. Cutter; Rhode Island, Dr. Edw. T. Caswell; Connecticut, Dr. J. C. Jackson; New York, Dr. W. F. Thoms; New Jersey, Dr. E. M. Hunt; Pennsylvania, Dr. W. R. Wells; Maryland, Dr. C. H. Ohr; Georgia, Dr. A. J. Semmes; Missouri, Dr. W. S. Edgar; Alabama, Dr. R. F. Mitchel; Texas, Dr. S. M. Welsh; Illinois, Dr. David Prince; Indiana, Dr. Dugan Clark; District of Columbia, Dr. J. W. H. Lovejoy; Iowa, Dr. J. Williamson; Michigan, Dr. S. H. Douglas; Ohio, Dr. J. A. Murphy; California, Dr. F. W. Hatch; Tennessee, Dr. W. K. Bowling; West Virginia, Dr. E. A. Hildreth; Minnesota, Dr. Chas. N. Hewitt; Virginia, Dr. A. G. Wortham; Delaware, Dr. L. B. Bush; Kansas, Dr. Tiffin Sinks; Mississippi, Dr. J. P. Moore; Louisiana, Dr. S. M. Bemiss; Wisconsin, Dr. J. K. Bartlett; Kentucky, Dr. L. P. Yandell, Sr.; Colorado, Dr. R. G. Buckingham; Oregon, Dr. E. R. Fiske; North Carolina, Dr. J. F. Haywood; South Carolina, Dr. M. Simmons.

Physicians desiring to present papers before the Association should observe the following rule: "Papers appropriate to the several sections, in order to secure consideration and action, must be sent to the Secretary of appropriate section at least one month before the meeting which is to act upon them. It shall be the duty of the Secretary to whom such papers are sent, to examine them with care, and, with the advice of the Chairman of his Section, to determine the time and order of their presentation, and give due notice of the same."

OFFICERS OF SECTIONS.—*Chemistry and Materia Medica.*—

Drs. R. E. Rogers, Philadelphia, Pa., Chairman; Ephraim Cutter, Boston, Mass., Secretary.

*Practice of Medicine and Obstetrics.*—Drs. D. A. O'Donnell, Baltimore, Md., Chairman; Benj. F. Dawson, New York, N. Y., Secretary.

*Surgery and Anatomy.*—Drs. John T. Hodgen, St. Louis, Mo., Chairman; W. F. Peck, Davenport, Iowa, Secretary.

*Medical Jurisprudence, Hygiene, and Physiology.*—Drs. S. C. Busey, Washington, D. C., Chairman; E. L. Howard, Baltimore, Md., Secretary.

*Psychology.*—Drs. Isaac Ray, Philadelphia, Pa., Chairman; John Curwen, Harrisburg, Pa., Secretary.

Secretaries of all medical organizations are requested to forward lists of their Delegates, as soon as elected, to the Permanent Secretary. Railroad and hotel arrangements will be announced at an early date.

Address W. B. Atkinson, Permanent Secretary, 1,400 Pine Street Southwest corner Broad, Philadelphia.

THE annual announcement of the spring course, for 1872, of the Rush Medical College, Chicago, has been issued. The session will begin Wednesday, March 6th, and will continue to June 26th,—sixteen weeks. Terms, College Matriculation ticket, \$5.00, this ticket must be obtained for the spring course, and will be good one year; Hospital ticket, \$5.00. For circulars and other information, address the Secretary of the Spring course, Curtis T. Fenn, M. D., 1155 Michigan Avenue.

THE Alumni Association of the Jefferson Medical College, proposes to hold a social reunion during the meeting of the American Medical Association, in Philadelphia, in May next, the Alumni of the College are cordially invited to attend. Those who expect to be present are requested to send their names and addresses to either of the Secretaries. J. Ewing Mears, M. D., 222 South 16th street, and R. J. Dunglison, M. D., 536 North 18th street.

## Miscellaneous.

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CAUSE OF OBSTINACY OF INTERMITTENTS.—Dr. Auguste Nonat in a paper in the *Practitioner* on quinine in simple intermittent fever, says :

“The fact is simply this : that to cure the patient we must satisfy two conditions, namely, neutralize the diathesis, the paludal intoxication, and at the same time dispel the tumefaction of the spleen. We must treat simultaneously the local lesion and the general lesion ; for if one of the two remain undestroyed, it may reproduce the other. The local lesion, the inflammation of the spleen, if left subsisting, may light up the diathesis ; and on the other hand, if we apply proper treatment to the local or visceral inflammation, yet neglect to master the general poisoning, we have not done with the disease. I have often had occasion to verify the truth of this last statement. When, notwithstanding the application of the scarificator, my doses of quinine were not large enough, I was condemned to notice the return of the fever ; but as soon as I had sufficiently increased the amount of the drug there was no recurrence of the fits.”

THE PRESERVATION OF VACCINE LYMPH BY GLYCERINE, as proposed by Dr. Muller, of Berlin, is meeting general favor. The glycerine should be pure. Dr. Muller can testify to the preservation of lymph for two years by this means. When used, or unless to be long preserved, an equal portion of distilled water is added to the glycerine solution, though it may be used undiluted. Dr. Muller considers that the use of glycerine as a solvent facilitates the perfect solution of the lymph, retards the coagulation of the exposed blood, and better insures absorption.



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## Original Communications.

### ADDRESS TO THE GRADUATING CLASS OF THE INDIANA MEDICAL COLLEGE.

BY L. D. WATERMAN, M. D.

GENTLEMEN OF THE GRADUATING CLASS:—The Faculty of the College have assigned me the duty of bidding you, in their collective name, a farewell as students in this College, and extending you a welcome into the rank of physicians.

You have fairly entered the profession of Medicine; have learned how to study; have appreciated the difficulty of the problem which lies before you; have devoted yourselves to the application of what you have learned—to understand the human body in morbid conditions; to prevent disease, restore health, and mitigate suffering. In this resolve we bid you God speed, hoping that the instruction you have received in this institution has guided you into the right path, and that you may prove good physicians, beloved and trusted as such—perchance great physicians, gaining tribute of gratitude for benefits conferred upon our race.

It is customary to embrace this occasion to recall your attention to some subject not fully dwelt upon in the previous course of preparation which you have undergone. I shall therefore ask your consideration of "The Necessity of the Recognition of the Mind in the Treatment of Diseases."

The preparatory study of Medicine is, in its very nature, materialistic. It is a careful consideration of the physical elements which enter into the human body, and those which exert an influence upon it; the tissues of which that body is composed, and their arrangement and relation; with the mechanism by which the various and complicated actions necessary to the life of the individual and the perpetuation of the race are performed. It involves the study of the chemistry of the body; the vegetable and animal kingdoms from which remedies are procured; the effects of those agents upon the living organization; and geology, because the structure of the globe which man inhabits, and the changes which take place within it exert beneficial or injurious influences on man's physical condition; in short, it demands a knowledge of the physical structure and laws of the world.

The application of these physical sciences to the prevention and cure of diseases leads still further into the study of material influences; and the physician is apt, unless he takes a wider view of man and his relations to the physical world, to lose sight of the psychical elements of the problem, so numerous are the material disturbances of the body and the palpable causes which produce them, and so susceptible of investigation and demonstration.

Whether the mind of man is the resultant of his physical organization or a separate entity superadded to it—in either case alike incomprehensible—is a question foreign to my present purpose. The mutual interdependence of mind and body under either hypothesis is undeniable.

The day has gone by in which this body, so wonderfully fashioned and so wisely, can be rated as despicable, and now physicist and metaphysician alike agree that in the physical world there is nothing worthier, since by means of its wondrous conformation the link is formed which unites the realms of force and intelligence, and upon its perfect working depends to so great a degree the integrity of the mind and the consequent reliability of its conclusions.

Science seems to indicate that man, standing at the summit of the animal kingdom, has somehow slowly been evolved from lower forms; and that with each stage of progression toward more complex and higher conditions more exalted spiritual powers have been acquired, as more finely organized centres have existed through which to give them expression; that the age called golden was but chaos lit afar by the morning of the golden age to be.

When we consider how much of man's body is for accessory purposes, he seems as if constructed to nourish and develop the brain. But how great a portion of that brain is composed of connecting fibres and subordinate centres. Although not universally conceded, the tendency of modern investigation leads toward a narrowing more and more of the limits of man's volitional action, and relatively enlarging the bounds of his automatic functions. It seems rational, therefore, to infer that were it possible to separate the subordinate parts we would be able to reduce the essential physical man to a single central cell or focus of highly organized matter in which resides consciousness, and which connects him with the material world without for purposes of mental development. If this be so, every manifestation of consciousness must produce or be accompanied by changes in that substance, or in the relation of its constituent elements, or both, resulting in lost material, or changed structure.

Action necessitates waste of tissue, and as the functions of the body in the aggregate are indicated by the consumption of some elements and the waste of others, so the action of any given centre of nervous matter, however minute, must be the cause of similar structural changes, were we able to isolate it, and measure its work by its waste.

The microscope can not yet detect this effect upon a nervous cell, but the exquisite sculpturing of nature, in the aggregation of effects, marks slowly but surely upon the whole frame, the emotions that habitually possess the mind. We are able to appreciate but little of the chemistry which is a condition of mental action, but we know that the molecules of the brain are necessary, as man now is, for the manifestation of mind, as we know that the seed is needed in the soil preparatory to the growth of the plant whose leaves lift themselves up to absorb and assimilate the sunshine.

We comprehend little of the relation between man's spirit and the forces of nature beyond our ordinary ken; but there are times when the soul runs high and strong and gains upon the shore of its existence, and to the soul uplift with aspiration there comes the spark that tells the unknown world to be kindred in its truths to that we know; and we believe that no truth man learns in this life will become false in the hereafter.

Before we could completely understand mental manifestations, we would have to be able to trace their gradual ascent from the first upliftings of matter to the brain of man.

Around man throngs the shadows of great truths yet undiscovered, and revelations meet him as he rises in his mental growth. The divine harmonies of creation grow nearer and clearer, and the infernal discords fainter and fainter, and thus he knows he is on the pathway toward truth.

May we not hope that man, when he has become so educated that he can understand the world upon which



he dwells, and to whom that unknown material realm, whose fringe we now only consciously touch in electrical and other forces, has been made known by senses more sensitive if not higher in kind, will then comprehend his own mind and so develop his physical organization that the fullest perfection and power may be obtained in his spiritual nature?

In the wide range of mental action reaching from the mere perceptions necessary to sustain animal life under limited conditions almost to inspiration, how can it be otherwise than that, from the mind downward upon the body, which is its instrument, there should descend perturbations that affect the brain or body oftentimes to its detriment, emotions that exhaust, or discordant jars that unfit it for future use, as well as influences which exalt and strengthen it?

It seems reasonable to conclude that these deleterious effects from the mind upon the material organization begin in too great or too prolonged exaltations or depressions; and exert on the tissues of the body or elements of the brain, influences which lead at first to too great increase or diminution of functional activity; then to changes in the structures upon which those functions depend, until at last the change has become so great that the vital forces can not repair the altered tissues, and organic disease is the result, leading through the familiar chain of morbid actions and impairments until the instrument has become unfit for that harmony which is life?

I am aware that the tendency of modern medical science has been toward the conclusion, that the visible physical changes left by disease upon the structure of the organs, and especially the nervous centres, are the beginning of the morbid processes—but it is to be considered that if the opposite were true, and disease began in the mind and descended to the body, the same phenomena would be manifested, and the pathologist would

find the same structural alterations which he now discovers.

When we consider the increased determination of blood and sensibility caused by directing thought to a part; the lessened sensibility and flow of blood when the mind is strongly engaged elsewhere; and especially that no sensation produceable from external causes may not be equally caused by brain-changes acting on the ganglia of sensation, we are admonished not to overlook the mind as a source of morbid action or sensation, and to realize that abnormal sensation does not necessarily imply organic change, although fertile in bringing it, when unduly prolonged. Appreciating that these are general truths, if not without exception, the importance of mental influence as a primary as well as complicating cause of disease, can not be safely or wisely disregarded; nor can the practitioner neglect this fact without increasing his chances of failure. While you should by no means underrate the disturbance of the mental faculties caused by physical disease, very frequent and within the scope of your remedial applications, do not disregard the other aspect of this subject. Bearing in memory, therefore, these considerations, let me urge upon you the necessity of appreciating the mind's influence on the body, as you apply the science of medicine for the benefit of the sick. Remember that Hope, and Confidence inspired by it, give strength and tone to the body to resist disease; that Fear and Despondency depress vitality and invite, or assist in fastening, it. The physician of reputation is almost a prophet to his patient; and by his cheerfulness and confidence inspires hope and healthful energies. Impart, by your manner and your words these feelings, especially when the balance seems undecided; and withhold from the anxious sufferer whatever of doubt you may have in the indecisive periods of illness. Accompany your remedial agents and applications with as gladdening assurances as you can truth-

fully give, and they will be doubly effective. Often a little winged with faith will act beneficially; when much, mechanically given, will fail to accomplish good. Do not, by your demeanor, attract the attention of the alarmed invalid toward new symptoms, and the greater significance of old ones, lest you exaggerate the illness you should quietly cure.

To name the disease according to the recognized nomenclature will often have a disheartening effect upon your patient, who has associated with that word terrible results.

Realizing that diseases when slight are not always curable, but are sometimes the beginning of death in failing function, perishing tissue or malgrowth, which will go on uninfluenced, yet remember that the study of disease from its severer types, until counterbalanced by the knowledge of how often deviations from health right themselves, inclines the young practitioner to anticipate needlessly the disastrous results which he has associated with the name of the malady.

Wait, therefore, until you are certain of the hopeless character of the illness before you cast your opinion into the balance. Learn to say that you are unable to determine the nature or degree of the attack when such is the case; be cautious, but truthful, ignoring all selfish considerations, and bearing in mind that your supreme object should be the benefit of the patient. Thus careful, your opinions will be the better when you give them, and carry with them greater weight.

The reputation of the physician, unlike the notoriety of the charlatan, is the resultant of his whole life, and is only to be acquired by knowledge of his profession, clearness of mind constantly maintained in readiness for emergencies, honesty of purpose, and all the traits beside which go to the formation of the highest type of manhood.

The physician who claims to do that which he cannot,

who exaggerates the disease to excite the fears of the patient that he may extort money, is morally a highway-man: the latter works upon the fears of his victims by another, but no more dishonorable, method.

Gentlemen, you are about to go forth into the earnest busy world, there to have tested your senses and your minds, and the thoroughness of the training and education you have given them; and sooner or later that world, which needs good physicians so greatly, will estimate justly your real value, and mete to you success in proportion to the services you render it. You are about to have your skilled common-sense tried by the standard of results, by the public from which there is no appeal. You may be excellent theorizers, literary physicians thoroughly conversant with the records of medicine—even informed of its latest teachings—but if you have not put all these into the crucible of common sense, and learned the use of your knowledge as the mechanic learns the use of his tools after he has comprehended the idea of the thing to be done, you will fail, or be compelled to learn it. If you go forth aiming to be successful practitioners of medicine, you must keep that object steadily before you, and constantly convert your knowledge into skill, and apply it for the benefit of men. From every source you must draw information that will assist you in the treatment of diseases and injuries; none should be beneath your notice, none too high for your reach. The universe is so knit together in all its parts that you know not when the spectroscope, which analyzes the fixed stars, may suggest a better means of curing some ailment, or the study of a fragment of garbage add a year to the average duration of man's life.

To the good practitioner two things are requisite: he must have the judgment to decide upon the proper remedy or operation, and the skill to apply the one in appropriate quantity at the right time, or perform properly the other. Knowledge ripens the judgment; prac-



tice perfects skill. We are apt to forget that by using an instrument often we learn to use it skillfully, by using it thoughtfully we learn to use it wisely.

The experienced physician realizes more and more, as his years accumulate, that the difference between letting a patient remain sick and getting him well often lies in knowing when to withdraw one remedy and administer another, or withhold medicine altogether. Not alone in meditations on the nature of disease is true wisdom shown, but as well in the appreciation of the little things that are necessary to a cure.

The effects of a failure to recognize a disease, or to know the right remedy promptly, is by no means only baneful to the patient: it paralyzes the physician himself; it slackens all the chords of elastic zeal, faith and worthy ambition, throws back upon the mind the discontent of its discomfited faculties, awakens doubt, and leads, at last, to skepticism and apathy.

The questions that engross the thoughts of the young physician, as with his diploma he goes forth to begin the real conflict of life, are—Where, and how shall I get patients, and how shall I manage them?

They all resolve themselves into one, and the answer is—"Be a competent and honest physician."

Keep your knowledge bright and your hand skillful, and the occasion will never fail. The wise man makes his occasions by his wisdom. Opportunities are forever beckoning us, if we only know how to recognize them. Wherever there is unrelieved sickness, or deformity, or disability, there is your opportunity: and how inexhaustible! But to be ready for it you must stand eager and enthusiastic in the front rank of medical men in zeal if not in experience. You must have whatever instrument or remedy will give you greater power over disease: if the thermometer will enable you to tell small-pox from measles one day sooner than otherwise, you must have it, and know how to interpret its teachings: if any instru-

ment will assist you to reach further than you could otherwise do toward any locality where disease may be, keep it; if daily examination of any kind will help you sooner to predict a coming complication, make it. It hours of patient investigation of all the symptoms and surroundings of your patient are needed to make the case clear, cheerfully accord the time. If exhaustive study and examination and daily records of cases are required that you may comprehend a new epidemic, give them zealously. These are your opportunities, and once mastered, you gain new strength, new confidence, new value; you courageously step to the front among your brethren. And you will find that knowledge gained in one case is forever at your side to assist you in another although very different one.

Have no fear lest patients will be wanting. The world is full of sick and disabled. They will overthrow you wherever you are when they see that you can cure them. One successful case will bring you many you may not be able to cure. If you could only cure all those who so come, how soon you would be overwhelmed by the increasing multitude. No; fear for your ability to cure, for that is the vortex that swallows up many promising beginnings.

Maintain the high standard of the profession you are just entering by holding before you the examples of the great and good physicians who have ennobled our calling by their unselfish lives; ever striving to imitate if you cannot excel them. Do not cease to be good men and good citizens. You will be better physicians if, without being partisans or bigots, you take part in all that has for its aim practical good to the minds and bodies of men.

Do not allow your profession to narrow itself to the mere application of remedial agents, lest you descend from the high position of the true physician only to find disappointment.

Be patient, generous, charitable toward human infirmities, and faithful in whatever you undertake to do; and strive with whatever powers the Creator has endowed you to bring to your aid, for the benefit of your suffering fellow-men, everything that experience has discovered, or science has taught.

Put faith in your chosen profession, and adhere to it with perseverance through its earlier and more discouraging days, using your unoccupied hours in increasing your skill, and enlarging and verifying your knowledge. Expend your means in obtaining the instruments and appliances necessary for diagnosis and treatment, and books and periodicals which bring to you the latest words of writers and teachers. Observe thoroughly and exhaustively the symptoms that manifest themselves in every case when you have once assumed the responsibility of the life of a fellow-being. So shall you achieve that persistent merit which, while it ensures, is above all mere worldly success.

Gentlemen, in the name of your teachers, I bid you, as students, farewell—as brethren, welcome.

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## STUDENTS' VALEDICTORY.

BY C. H. KIRKOFF, M. D.

LADIES AND GENTLEMEN:—We appear before you to-night to bid a final adieu to our beloved Alma Mater. We are about to enter the stern realities and duties of a professional career. We have just passed through a long course of close and hard study of the principles and science of medicine, preparatory to the life-long duties of a physician. We have spent many pleasant and profitable hours together as students and professors, and it is with sad hearts that we separate, I may say never to meet again in this capacity.

We leave behind us associations and scenes that will

never fade, and between which and our memories the vista of time can never draw the curtain. A friendship has sprung up and ripened into a brotherly love between each individual member of our class, having the same object in view, our calling and actions prompted by the same impulse. We have ever given a willing hand to assist one and another in his pursuit; ever true and ready to assist each other in clearing away obstacles to the truth, and to a clear comprehension of the principles and theories taught us from the rostrum. We feel there will be a vacant place long felt in after life. Yet it is with a sense of pleasure, a blush of triumph, that we now meet our worthy teachers, to receive from them the testimony that we are making progress in the great work which we are now engaged in.

And as a fitting subject for thought on this occasion, we will review in a few brief words the "Science of Medicine," its rise, progress, struggles and triumphs through which it has passed, and the present position it occupies among the great progressive movements of the nineteenth century.

The science of medicine, figuratively speaking, is a field vast and boundless almost as space. It is traversed by many rugged paths, in many places darkened yet by the night of ignorance, crossed by many obstacles through which the light of knowledge has not yet penetrated, with towering mountains beyond which are unknown and undiscovered fields for the pathologist and therapist, over which the sun has only risen and sent a few flickering and fading rays low down in the eastern horizon, but through the influence of which darkness is gradually vanishing, and many obscure and unknown places are being brought into view. And would it be too much to anticipate and hope that within the next generation the innermost treasures now locked in the black vaults of darkness will be brought forth, and thus enriching our science prove its golden age.



In tracing the history of medicine from its rise as a distinct science down to the present age, we find it has passed through different eras or series of epochs as well as the sister sciences. Its progress was slow and retarded up to the seventeenth and eighteenth centuries. However, that it did exist as a distinct science thousands of years ago we have positive evidence. When we look back to its primitive age, and compare it with the present position it occupies, the ignorance, the superstition and darkness which enveloped them, while now a knowledge near to perfection, truths which nature herself verifies, facts firmly established by the experimental knowledge and scientific investigations of the physiologist, the pathologist and the chemist, we may truly congratulate ourselves that our "round" in this ladder is nearer the top than the bottom. In tracing the history of medicine, therefore, as a science, we learn nothing definite until within the last few centuries; yet, as a knowledge of it was possessed by the ancients, as especially by the Egyptians there can be no doubt, since Pliny informs us that in the reign of the Ptolymies a medical school was established at Alexandria; however, to what extent and what progress they made in it we are unacquainted, as the general literature of that remarkable place has been entirely closed to us until within the last few years.

We also find recorded in the historical works of Herodotus that even at that time there existed special branches. Specialties we designate them the present, and over which our present and impartial code of ethics seems to have so much trouble to rule. Later we have the works of Hippocrates, from whom we get a more correct and concise work upon this subject, and who divided more closely the several branches of the one science. He seems to have been a close and faithful student. He was the first to discover, though to a limited extent only, the principles by which the physio-

logical state or functions were changed or perverted into that of the pathological. He laid a firm foundation for medicine, upon which he established a law to govern by rational principles, and in whose *materia medica* and therapeutics nature played a prominent part. He also devoted several volumes to the hitherto unknown subject of gynæcology, and here I may say in regard to this much abused department of our science, which is second to none in importance in its relations to the human family, that many—yet, to-day, who hold high positions in the ranks of our profession—scoff at and ridicule the idea of the existence of any diseases in this branch of medicine. They heap coals of condemnation, scathing anathemas, regardless of feeling or sympathy, upon the head of the scientific gynæcologist. They almost discard his association on account of his brazen audacity, his shameful lack of modesty and morality. His defence is made a theme for burlesque. They stand back aghast at the idea of using, with their pure and virtuous hands, his horrid instruments; their modesty is so delicate, their moral sensibilities so fine, that even the remotest thought of his work shocks them to the very centre. To such we would say they are still groveling and wandering in the darkness of ages past. The world seems to have been too fast for them. The “car of progress” got impatient and left them quarreling and theorizing over old and worn-out problems, and there they have been standing on the side track of time for ages waiting for Galen, Celsus, Pare, and even their father, Hippocrates himself, to pass, all of whom have gone by centuries ago, and have left on record the fact that they, even at that early period, were acquainted, practiced, and even taught the science of gynæcology; and be it said in honor and credit of such men as Simpson, Sims, Bennet, and a host of others no less conspicuous in history or worthy of praise, who have perpetuated and brought additional light to bear on this subject, that it

is to them the medical schools of the present day owe to a great extent their higher standard of improvement; and it will not be inappropriate here to say that the Indiana Medical School, with its promising future, stands in the foremost ranks, and is absolutely second to none in this respect.

In the other branches of medicine equal talent has been applied. The names of Flint, Wood, Eberle, and many others of the present century, will go down to posterity in letters of gold untarnished or unsullied by time.

The physiologist who confines himself exclusively to the study of the vital phenomæ, their character, the conditions under which they originate, the relation they bear to each other, has an unquestionable right to claim for himself a large share of honor due him for the assistance given by his branch to the advancement of our science. Through his labors he has presented the phenomena and laws of life itself, and has always been a faithful guide and a constant light in the fields of pathology, for without him the pathologist would be as the mariner on the wide and boundless ocean without a compass.

Surgery has devoted much to the comfort and welfare of the world. Its claims can not be overlooked, nor can we overestimate the inestimable boon bestowed upon the suffering and unfortunate by the science of conservative surgery within it. History records the names of many noble, self-sacrificing men who have won the love and live in the memories of thousands, and whose names are inscribed among the highest on the scroll of fame. We need return back no farther than two years to witness the last scene and departure from earth to other realms of a man known far and wide over this land, who is closely identified with the history of this institution. Who among us has forgotten that kind and pleasant face; ever ready to assist, never flinching in his duty, always true to his profession. John S. Bobbs was the compeer of the very select of his age. Although his

name has not been heralded through the world by the pen, yet as long as the Indiana Medical College shall live will his memory be kept sacred and his name be spoken with praise.

It seems there has always existed in man an insatiable desire to gain a knowledge of man. With untiring energies, with superhuman efforts, did our fathers endeavor to break the shackles that bound them, and to clear away the mysteries and vague theories about which they knew nothing positive. It was not earthly gain or wealth that induced them to sacrifice the comforts and pleasures of life; not gold nor silver could recompense the life-long toil and labor of such men as are identified with the past history of medicine. The progress of medicine from its infancy was, from natural causes surrounding it, at first slow and unsteady.

Not only were the principles of the science taught in the Alexandrian school, but the Greeks also, to whom was handed down the learning and discoveries made by the Egyptians, established a school from which another, the Roman school, was founded. The knowledge of these was disseminated and scattered abroad through the world, and gave promise of a bright future. And, again, we find at the period of the subjugation of Egypt, and the destruction of the celebrated library at Alexandria by the Arabs, although it seemed that art and science had received a fatal blow, the astonishing fact that even these semi-barbarians were so impressed by the fine arts, the high culture, the superior grade of civilization of their captives, and the beauties of their science, that they were in turn won over, and became lovers and zealous cultivators of learning, from which sprung the great Arabian school.

However, the learning of the Arabians was in time, as that of the rest of the world gradually enshrouded by the ignorance and superstition during the period known as the "dark ages," during which blank in the world's



history many of their writings were lost or destroyed. Through that long and fearful night of ignorance and plutonian darkness in which the world was wrapped, no progress could be made. Art and civilization were alike doomed with the sciences to stand still and behold the bacchanalian revelries of bigoted and despotic autocrats. However, emerging from these overshadowed valleys of superstition, it threw off the garb of inertia, which had been worn through this space of many centuries, and with renewed vigor pushed onward, while brave and noble men stood at the helm sacrificing fortunes and even lives for its promotion.

Thus the science of medicine has gradually grown in strength and knowledge until, to-day, she stands the equal in perfection, and peer in usefulness, to all her sister sciences.

The insatiable desire for a knowledge of man, which has been remarked in all history, seems to be an inborn principle destined for the benefit of man. Not only is this true of the present generation or age of the world, but we see it a characteristic trait in the ancient student also; then as well as now were every means used that threw any light upon his subject, or assist him in his pursuit.

Not satisfied with the limited means and advantages allowed by law or nature, he invades the tomb of the living soul, and there studies the minutest mechanism and principles upon which man is built.

There is, however, much yet to be done ere we can pronounce the science of medicine perfect. The *modus operandi* of many medicines is not yet understood. We know not how astringents promote contractility of tissue, nor do we know how the cerebral stimulants act to produce congestion of the brain. However, the consequent effects upon administration is so decidedly similar in many different individuals, that we are warranted to act upon the theory that their mode of operation is under-

stood. Thereby the laws by which the actions of medicine are supposed to be governed have been so closely defined, that the efficient and judicious physician of to-day holds within his hand a powerful weapon with which to fight his enemy, disease. There are many diseases, as yet, incurable, and have so far baffled the skill of the best men with all the new and known remedies at their command, the *generies morbi* of which is unknown. Others of an hereditary character, in which the unfortunate sees the impending doom that overshadows him, yet enjoys, to a comparative degree, the blessings of a comfortable life through the medium of medicine. *Materia Medica* now contains the means of alleviating and even destroying the pain and terror of the surgeon's knife. However, with all the knowledge the science of medicine possesses and the high position it has attained, it can not yet grapple successfully with the more powerful and fatal diseases borne on the wings of the infinitesimal and microscopic atom. The epidemics which have laid thousands low in a single day, depopulated cities by the hundreds, and hushed their busy throngs within the fold of death, ravaged whole nations, and like the resistless simoom of the desert swept into eternity the teeming thousands of earth by one unresisted sweep, and left in their track the death mark at every step, are yet too powerful for us to control—we are as yet helpless within their grasp.

The world looks with a longing and wishful eye to the coming microscopist who shall lead the pathologist to the true etiology of Asiatic cholera, the plague in its various forms, and all others known to originate from some organic poison. It is, therefore, evident the student of medicine to-day should not apply himself alone to the past experience, and practice the established laws of medicine as they now exist; but should endeavor, by all means at his command, to throw more light upon the subject before him. That man who shall discover

the means of eradicating from the face of the earth these terrible monsters, will write his name high on the scroll of fame.

To the immortal Jenner the world owes a debt of gratitude. A scourge that had devastated whole countries—a destroyer more powerful than sword and cannon—that doomed the fairest, the humblest, the noblest as well as the most degraded of mankind to untimely graves, was, by the patient, untiring labor of one man, conquered.

There are many examples in the past history of medicine worthy of imitation; and not only as a class, but personally, each member of the "Class of 72" of our college should be actuated by higher motives, prompted to renewed efforts by the precepts and valuable lessons taught us from day to day in the lecture room. Let us be true and faithful to that which we have gained here constantly uphold by our practice and influence the more elevated ideas and purer principles taught by the only true and rational school of medicine. Let it be our utmost endeavor to educate the people to a higher opinion of the regular profession; let it be our object, by the success in our practice, our honest and upright principles in the everyday walks of life, to eradicate empiricism with all its branches, which have tended so much to degrade our profession by their quackery and unjust speculation upon the ignorance and cupidity of common people.

And now, bidding farewell to you, our worthy teachers, words can not express our gratitude for your kindness, your forbearance, and patient efforts to assist us; we appreciate the great boon you have bestowed on us, and with a sense of confidence in our abilities sanctioned by you, we go forth better prepared to meet the demands of a public life. We feel convinced our confidence in you as our true and unerring guides to our professional career has not been misplaced. May your names, your

work and influence, ever be identified with the interests of this noble institution. And now, in behalf of the class, we extend to you our solemn pledge to prove faithful, ever to walk in the ways you taught us, and to assist you by all means in our power to build up and perpetuate our beloved Alma Mater.

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## STUDENTS ASSOCIATION—VALEDICTORY.

BY T. HUNT, M. D.

MR. PRESIDENT AND GENTLEMEN—Fellow Students—Some four months ago we assembled within these walls, for the most part, entire strangers to one another, knowing nothing even of the external character of those around us, much less the inner nature of each individual, which latter is by far the most desirable to acquaint ourselves with in all men, either partially or completely. How strange it is now to look back and consider the first impression made upon us by each member of the class. It is an interesting question to ask ourselves, how the first impressions correspond with those made subsequently by a more intimate acquaintance? We presume many of us have been agreeably deceived in this respect, when we have become more intimately acquainted with those warm and congenial natures found amongst us, especially among those whose very simplicity, manner, and words invite us, so to speak, into the inmost chambers where the better part of man resides, there to become more familiar with the finest, most superb and sublime of all earthly things, the intellectual and moral powers, which of all endowments bestowed upon man surpasses by far in grandeur and beauty everything else, more especially if those powers have been enriched and ornamented with the culture and wisdom of which they



are susceptible, and which make men so attractive in their natures and such genial companions.

To delineate the peculiar bent of mind and intellectual individuality of each of a number of students or literary men would be entertaining, yet it would require much time and space and an insight superior to anything we profess to have. We formed the habit while in school of observing somewhat closely the mental processes which seemed to be going on in different minds; and while it affords us pleasure to thus observe, it becomes us as medical men, and indeed it is our duty to study minutely the mental habits of each individual mind, for this will enable us to possess a far deeper insight into the ailments of man, both physical and mental, than those who pay no sort of attention to this part of our being.

If space would allow it would be somewhat interesting to pass in review, judging from the peculiar turn of mind and other traits, the probable future that awaits each one, especially those belonging to our society, with whom we have become somewhat familiar. Of course all this would be but speculation, yet we can hardly dismiss it from our minds without giving it a passing thought. Suffice it to say, however, that we entertain the idea of a bright future for many of the class, provided they are as studious when they enter into active life as they have been here. We should remember that without culture and knowledge we can never arise to eminence nor even attain a respectable position among the learned, and that these are only acquired by the most assiduous and untiring application to our studies. When we look around into the faces of those about us, we imagine we see scintillations of genius that will not only continue bright as at present but will go on increasing in lustre, emitting a constant stream of light, until in after years they will become shining stars that shall radiate great truths, and reflect honor and credit, not only upon the profession in common, but upon the Faculty who gave

the impetus and laid the foundation for such future greatness. Here and there we notice keen observers, who by their natural acumen will be enabled to unravel many of the mysteries in medicine that have been so long involved in darkness; men too of powerful memories that will aid them in conducting complicated trains of thought, resulting finally in the discovery of deep and hidden facts; also men of slow and apparently exceedingly tedious modes of thinking yet, like the rolling spheres ever moving, reasoning as they go, and subjecting everything to the most rigid scientific test, may in time to come be numbered among the magnates in the mental world. Thus we see from this cursory glimpse, plainly depicted many striking characteristics which serve to classify men according to their peculiar mental endowments.

But while speaking of these things, you will excuse us if we become a little enthusiastic over the coming prospects of our fellows, for although our predictions may not be *literally* true in every sense, we have faith to believe they will be in a comparative degree at least. Why should they not?

In connection with these observations, we can not omit to mention the magnitude of the subject with which medical men have to do. How little does the student know, when he first commences to study medicine, of the vast fields over which he must pass and survey minutely if he expects to arise even to the mediocres place. Little does he comprehend the onerous duties, the difficult tasks, the never-ending labor, and the intricate problems, all of which he must encounter. We speak of the conscientious aspiring student and not of the drone, for the latter will not be apt to stop and consider what his duty is, but will be content to spend most of his valuable time in discussing some petty political matter or something else equally trivial. This will do for the designing and cunning politician who may have

nothing better to do, but the scientific and progressive medical man will find no time to waste on these subjects so little important when compared with his own. It is well, perhaps, that we do not know the variety and vastness of the work beforehand, lest we might become discouraged. Then after our college days are over comes the all trying and doubting idea of entering upon the active duties of our new course of life. No other avocation or profession places a man in such peculiar and intimate relations with his fellow beings. To him, if he prove himself successful and deserving, the most confiding revelations are made, and he becomes acquainted with the family disabilities, of whatever nature, in all their minuteness. Then if so much confidence is placed in him, and he is intrusted with so much that strictly belongs to the domestic circle, how necessary it is for him to be ever upright, honorable, noble and dignified.

But we would say nothing to mar or detract from the bright anticipations ahead, for while we may encounter trials and difficulties in establishing ourselves, yet if we are true to our profession we shall find at various points in this rugged journey many enjoyable things, and meet with many successes that will cheer us on and inspire us with new hope.

The very fact that the subject is so extensive renders it so much the more attractive to the persevering and energetic lover of science, who is never more delighted than when he is discoursing with nature. The beautiful harmony he finds in contemplating her works, and the wonderful adaptation of means to ends all stimulate him to redouble his efforts, and create in him a greater desire to pry still farther into the secrets of this strange and mystical world. In this connection let us ask ourselves, What is the most marvelous of all nature's productions? What is it that above all things else so far transcends our understanding and our brightest conceptions? What most has in all ages engaged the attention of the most



productive and ingenious minds? Is it not man? Yet is man understood physically and mentally? Are we familiar with all the anatomical structures and physiological functions of this strangely wrought mechanism, the crowning production of creative wisdom?

Pope never uttered a greater truth than when he said the proper study of mankind is man. It is said the ancient Druids were a simple minded people fond of contemplating Nature's great works, especially the stones and the tall trees about them, under whose shadows they sat and lost themselves in deep meditation. Now if these people, being so ignorant, were so fond of pondering over things around them, how much more delighted should we be enjoying the possession of the accumulated knowledge and wisdom of ages since their time. Far in advance of them, who knew nothing of their own composition, we can gratify ourselves in being able to comprehend the beauties and harmonious adaptation of this wonderful piece of Nature's handiwork. Can we conceive of anything more sublime and more worthy of our serious thought and study than this strange and complicated mechanism? And yet we again ask is it understood? Certainly a great deal has been discovered and handed down to us by the combined efforts of many great lovers of science, and untiring and searching minds are still unravelling great facts, yet we believe the half has not been revealed. The finer and minuter structures and their consonant functions so magnificently arrayed and fitted for the varied duties they must perform are by no means familiar to us. We can but exclaim what a vast expanse for labor, thought and discovery? May not some one of you perpetuate his name by giving an exposition of some hidden principle connected with the nervous system which shall be the key that will unlock ample stores of scientific facts, that will eclipse in the way of discovery all things else at present known respecting this important part of the



organism? Or who of you may not lay the foundation upon which will be built one explanation after another of the part played by this very mysterious and occult absorbent system of ours? And what a recompense to the discoverer would this be, since in all probability this would form the very corner stone for etiological investigation, thus enabling us to locate the cause of disease which is one of the great desiderata at this time. Passing from the body to the mind, or to the intellectual man, our thoughts are arrested in wonder at the amazing operations of this most supernatural structure. Is it possible to form a conception of anything else so grand and majestic when the faculties are in their proper state of moral and intellectual development? Here we have a field, still more extensive and complicated, for investigation, and one which we should never lose sight of, for the natural or morbid manifestations of the mind are a certain index to the healthy or morbid conditions of the material organism, and the only way to distinguish between healthy and unhealthy mental phenomena is to make ourselves thoroughly acquainted with them.

It might be observed here that if we expect to attain to respectability in our profession, we must not confine ourselves to branches of science directly connected with the study of medicine. Let our minds find recreation, when opportunity presents, in other fields, in the natural and mathematical sciences or in the languages. For he who is able to demonstrate a problem in geometry, or one in the calculus or comprehend the language upon which our own is based, is so much the better qualified to follow out intricate trains of thought in scientific research of whatever nature. Bacon observed that he who would gain distinction in any special branch must acquire a respectable knowledge of many. The preliminary education of medical men is often entirely too limited; yet after all we are bound to acknowledge that devotion and energy make the man, and that some of

our most eminent men commenced with a very limited knowledge of things, but notwithstanding this, every student ought to avail himself of every educational means possible, both before and after he commences the study of medicine.

No doubt many things mentioned in this communication have long since suggested themselves to you, from a consideration of the teachings of the Faculty, to whom we have been listening for the past few months. And by the way what shall we say of these teachers? Space will only allow a passing notice, and besides we leave a clearer head the task of devoting a proper tribute to them on a more appropriate occasion. Let it be observed however, that the best and highest respect that can be paid to a corps of teachers is to treasure the precepts and follow the wise instructions they have given, thus reflecting upon them the honor and renown due them. Could we individualize we could, perhaps, better speak our sentiments; but without doing this we may hope that our lives and actions shall be a living testimony of the high consideration we entertain for them. Speaking more particularly, may he who has been called from this college to other fields of labor be crowned with new and additional honors, which his three score years of unremitting toil and devotion to science, deserve. In a word we sincerely wish them all well.

But let us now for a few moments turn our attention to our association. We presume all who have taken an active part, that is have been energetic working members, are well satisfied with the results. We think nothing else can be so good as an organization of this kind to awaken thought, to refresh and strengthen the memory, and above all to form a habit of minutely investigating a special subject in all its bearings, besides other manifold advantages which space will not allow us to specify. We hope all have been amply rewarded for the time and thought thus expended, and that each

has acquired at each meeting some new and valuable idea worthy of remembrance. It has certainly been advantageous to many of us in enabling us to present our views in such way as to comprehend, and the great object in all education is to have so perfect a knowledge of the thing learnt that the learner may be able to communicate the same to others in an intelligent way. Discussion not only awakens new trains of thought, but arouses the whole inner man, stimulates and energizes the mind, creating in it a new vitality as it were enabling it to grasp great truths and to present them in a far more lucid manner than if not thus aroused. We are sure there is nothing else that will expand and develop the mental faculties so rapidly as a proper and systematic course of argumentation. In looking over the past we find many good results coming from this kind of training. But debate in order that the greatest amount of good may come from it must be high toned and conducted in a logical and common sense way, that it may be kept intact from a species of petty degradation into it which is too liable to pass. Happily the society has been exempt almost entirely from those detestable little quarrels about worthless nothings, concerning which much precious time is frequently lost.

We feel to congratulate the Society on the dignified manner and gentlemanly bearing of the members in general, all appearing fair and honorable, and disposed to treat one another with the highest considerations, ever seeming to remember that we all belong to one great fraternity that should be one indeed, and not merely nominal. We have faith to believe that if we were neighbors, we should not entertain that suspicion and jealousy that are so common among physicians. Our meetings have been presided over with dignity and ability, and all things have moved on pleasantly and smoothly. And we hope things will go on equally smooth with each of us when we go to our several abodes.



Indeed, we must make them go pleasantly, disregarding little vexations and oppositions that may present, ever remembering that the people are frequently ungrateful for benefits rendered. But let us not lose our respect for, or confidence in, the people on this account. We have to deal with ignorance and superstitious ideas, which are innate qualities, and which must be eradicated gradually. If you have a patron in the person of a kindly disposed and motherly old lady, who violently shakes every baby she sees for being "liver-grown," you will just have to let her shake for "liver-grown," and the shakes are as prominent in her mind as quinine is for ague in yours. Or if you tell the man who carries two little potatoes, one in each pocket, for "weak-back," that it is exceedingly absurd, you will not only not convince him, but make an enemy of him, for his faith in the remedy is perhaps as deep in his mind as the potatoes are in his pockets. Therefore, let us not fret over small matters which we can not change. Tanner observes that physicians who do not fret about little things are generally healthy and long lived. We suppose all will have ample opportunity of observing these strange notions as they go on, and we will not anticipate further, for, as Mrs. Bolingbrook has said about reading, it is so much better for one to observe these things "one's own self." We think it the duty of each one of us who enters the practice now, to connect himself with some medical organization, that his interest in the profession may not flag. Let us keep up our reading and observation when we go to our places of business. For the most part we suppose our homes are in the country and small villages, and here are the quiet places for study and thought. We believe it was Coleridge who said he would not exchange the lazy reading of old folios and a scanty income for princely revenues.

Now, in this capacity we must bid you adieu, wishing all success and prosperity, and hoping these evenings



will be as green spots in our memories, and that ties of friendship will be strengthened now and then by subsequent reunions.

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## ADDRESS TO THE ALUMNI.

BY T. PRATER, M. D., PRESIDENT.

FELLOW STUDENTS: It is with mingled feelings of pleasure, pride, and regret that I address you in my farewell speech this evening.

Pleasure, because the lessons of the winter are over and we can all be up and away to our different fields of labor, with renewed strength and energies revived from the precepts we have received during the past session. With feelings of pride for having had the honor to preside over this Society, composed of so many courteous, educated and intelligent gentlemen; and with regret that the pleasant and profitable hours spent together this winter must now end. But, although the many pleasant ties that have bound us together must now be sundered, and many strong bonds of friendship by this separation be broken, yet in each one's memory the session of 1871-2 of the Indiana Medical College, and especially the Student's Medical Society thereof, will remain a bright spot in the past, a pleasant by-gone in the history of our student life.

We leave behind us these College walls, satisfied with the winter's work and benefitted by the winter's study, and go out into the world to take our place side by side with strong men in the ranks of an honorable profession to do battle for the amelioration of the ills and sufferings of our race.

A just appreciation of the importance and dignity of your chosen profession I would urge upon every one of you; you can scarcely place too high an estimate upon

it. It offers you—in a life of toil and anxiety it is true—not merely a pecuniary competence and an honorable name; not merely a welcome to every household in the land as its confidential friend and adviser, but the far more inestimable pleasure of knowing that every effort you make is a benefaction to humanity and an advancement to science. It is not alone the importance or the dignity of the physician, or the magnitude of the interests confided to the physician that is calculated to awaken his highest enthusiasm, so much as the fact that of all professions it is the most progressive and the most susceptible of indefinite progress. Neither law nor theology are progressive in the same sense in which medicine is progressive. The principles of right and justice are, and must be the same at all times and all places, and the heathen rulers dispensed justice with a far more even balance, with less fear of outside corrupt influences and less danger of bribery than do the legislators and magistrates of the present day. The moral law, as handed down through Moses to the people, can never be improved upon, and Christ in his sermon on the Mount preached a better theology than we hear from the pulpit of to-day. It is not so with medicine; *progress* has marked its course from the earliest age to the present. From the day in which the science of medicine mixed with alchemy, and astrology was in the hands of the priesthood, it has undergone a complete revolution. Habit, and custom, soil, climate, fashion and civilization have produced new diseases and suggested new remedies, and the physician is constantly called upon to leave the beaten track and explore new paths in the light of his own experience. The discovery of the circulation by Harvey; of animal electricity by Galvani; of vaccination by Jeuner; of auscultation by Lænnec, and of anæsthetics by Jackson, have given to the healing art—which have stood still from the time of Galin and Hippocrates—an impetus that promises ultimately to

subject every disease to human control, and it is not too much to hope for the time when the great physical laws that govern health and disease, the great laws of hygiene will be so well understood and practiced, the nature of disease so easily fathomed and their remedies so accurately prepared and administered that sickness shall become but the result of accident or of vicious indulgence, and death, what in the economy of nature it was intended for, a relief from the infirmities of old age.

Medicine has always occupied a front rank in the School of Science, although some will tell you that it is not a science, but merely a speculative theory. Our venerable Prof. Brown told you in his opening address that it is more than a science. It is a whole family of sciences. "In the field of anatomy it infringes upon the territory of the mathematical and mechanical sciences; physiology and pharmacy fairly embrace the new found and vigorous science of chemistry; in *materia medica* it crosses the flowery fields of botany, and in the study of brain function, healthy and morbid, it trenches largely upon the province of the mental and moral sciences.

The opinions of learned men differ on the subject. Some call it a *science*, others an *art*, while many contend that medicine as a science is but speculation, and as an art, is but routine. Many think it consists in pouring down certain drugs which tradition has recommended. Others that it is some deep mystery not understood by the uninitiated; while others take it to be some plausible, but to them incomprehensible theory, with a hard Greek or Latin name which the doctors are wont to throw in when physic is short, by way of deepening the mystery.

In view of this diversity of opinion I shall endeavor to show you that it is both a *science* and an *art*. As a *science* it may be defined a branch of the natural sciences which treats of diseases and their cures, while the *art* is the application of the remedies which experience has

shown will work out the changes that the science tells us must be wrought; and they both, though distinct and different, have the same object in view: *the prevention and cure of disease*. The science, having its foundations on the fixed laws of nature, is unchangeable, while the art, depending upon the skill, tact, knowledge, and judgment of the physician, must necessarily differ. True medicine is a science of *facts*, although some will call it but a conjectural science. We will admit that its history does show, at every turn of the road, ruins of speculative theories, but the inestimable gems of *truth* remain, and must ever remain and gather strength through all time. If there is any known truth it is that the Creator has fixed certain relations between cause and effect, and that every thing around us is but the result of antecedents, and not of chance, and that not only are the same phenomena produced under the same circumstance, but that they can only be produced in that mode.

In the investigation of natural sciences we search for what *is*, not what might be were the condition different, but for what *is* with the circumstances as we find them, and so certain are the results that the chemist or natural philosopher never think of attributing any error in the result to a deficiency in the law, but to some mistake in his calculations, or some errors in the conditions.

In the study of medicine we have to deal mainly with physical influences, with material changes. It will thus be seen that we should direct our attention to the agency of external objects, whether salutary or noxious, on the living body, and their administration, withholding, or removal from the body in the cure and prevention of disease; but I am compelled to admit that medicine is the most difficult, obscure, and complex of all the scientific branches.

The chemist can not retire to his laboratory, and in silence and alone test the truths of his discoveries. The



natural philosopher, using nature's flowers against herself, force her to the test and compel her to reveal her secrets. Not so the physician; he must be content to wait nature's own slow time, and then instead of an inanimate mass that can be shaped and moulded at will, he has to deal with a living, moving object, animated with a spirit that puts to naught many of the fixed laws governing matter, and renders the rest complex and difficult.

It is only from the complexity of the phenomena of organization, compared with the inorganic world, that any difficulty can arise in their analysis and arrangement. Although medicine may be obscure and difficult, its truths are the same, and its laws as unchangeable as chemistry or natural philosophy.

As it is a law of nature that no two minds can be constituted exactly alike, and as the art of medicine depends upon the knowledge of the practitioner, it must necessarily vary sometimes; and we hear it said, with a sneer at the profession, that doctors differ, yet this difference is more in appearance than otherwise, being not in the indications to be fulfilled, but only as to the best methods of effecting it.

I have thus briefly shown you that medicine as a science is a branch of the Natural Sciences, and being such, rests upon the same foundation as the others, and can never change, the apparent changes being only the discoveries of facts not known before. That the theory must ever change with the changes of mind and civilization; that the art must vary to suit the multitudinous conditions under which it is called into action.

Hoping, gentlemen, that each one of you, as you go up and down this world of suffering, may be true physicians indeed, rebuking disease as with the spear of Ithureal, and that your works may be enshrined in the memory of many a grateful heart, and thanking you

again and again for your kindness, your courtesy, and your support this winter, I bid you a very hearty farewell.

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MINUTES OF THE CLOSING EXERCISES OF THE  
"STUDENTS MEDICAL SOCIETY" OF THE IN-  
DIANA MEDICAL COLLEGE.

HALL STUDENTS ASSOCIATION, }  
INDIANA MEDICAL COLLEGE, Feb. 15, 1872. }

House called to order at 7:30 P. M.; President in the Chair; roll called; twenty-six members answered to their names; minutes read and approved. Miscellaneous business being first in order, the reports of committees were called for. The committee chosen to purchase and present M. Bishop a book in the name of the Society, reported the same complied with. The committee on resolutions, Messrs. Osborne, Strode and Scramling, reported a preamble and resolutions acknowledging the kindness of the Faculty of the College in allowing the Students' Meetings to be held in the lecture room; also pledging the support of the members of this Association to the Indiana Medical College in the future, and acknowledging the zeal and success of the teachings of the past session. Also a resolution strongly denouncing criminal practice, and the use of intoxicating drink as a beverage on the part of physicians. The resolutions were adopted in full. Also a resolution to furnish the Secretary of the Faculty a copy of the same to go on file in the archives of the College. The Treasurer reported vouchers and receipts to cover all moneys received by him; report accepted, and final settlement made with the Treasurer. Ninety-five cents remaining in the hands of the Financial Committee, on motion the same was placed in the hands of Professor Comingor for the use of the next Students Association.

T. Hunt read the valedictory for the evening, consisting of a retrospective view of the Association, and early impression of the term; in all, a most beautiful and excellent literary address. Responded to by Mr. J. A. Osborne in an excellent speech, and many other students in short pithy expressions of satisfaction with the past and hope for the future, after which the President delivered his farewell address to the Association, and responses by Profs. Comingor, Fletcher, Harvey, Stevens and Waterman complimentary to the Association, and assurances of hearty good friendship in the future. Short addresses were also made by Drs. Van Vorhis, Walker, and others, after which the meeting adjourned *sine die*.  
L. PRATER, Pres.

WM. McDONALD, Sec.

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## Reviews.

REPORT OF THE COMMISSIONER OF PENSIONS TO THE SECRETARY OF THE INTERIOR, FOR THE YEAR ENDING JUNE 30, 1871. WASHINGTON, 1871.

The above, placed in our hands by Dr. J. K. Bigelow, is a very full and concise report of the doings of the Bureau for the year named. The amount paid for pensions was \$33,077.63, an increase of about \$6,000 over the previous years. The most of this excess however, is accounted for by the laws of 1870 changing the time of payments, making the amounts due for the previous fifteen months payable with the year mentioned.

TRANSACTIONS OF THE IOWA STATE MEDICAL SOCIETY.

This is a book of 268 pages, embracing the transactions of the Nineteenth Annual Meeting of the Society. It contains many interesting papers, and we are glad to see that the members of the profession of Iowa take such interest in scientific medicine as this work indi-

cates. H. T. Field, President, Des Moines; Fred. P. Hanawalt, Secretary.

**A PRACTICAL TREATISE ON THE DISEASES OF WOMEN.** By T. Gaillard Thomas, M. D., etc. Third edition enlarged and thoroughly revised, with 246 illustrations on wood. Philadelphia: Henry C. Lee, 1872. 1 vol. sheep, 8 vo. pp. 784.

About one-quarter more is added to the present volume than other editions. It is only necessary to announce its issue, the profession being well acquainted with its merits.

**CLINICAL OBSERVATIONS ON THE DEMENTIA AND HEMIPLEGIA OF SYPHILIS.** By M. H. Henry, M. D. Reported from the American Journal of Syphilography and Dermatology. Year 1872. New York: F. W. Christian, No. 77, University Place, 1872.

**PULMONARY CONSUMPTION, ITS NATURE, VARIETIES, AND TREATMENT, WITH AN ANALYSIS OF ONE THOUSAND CASES TO EXEMPLIFY ITS DURATION.** By C. J. B. Williams, M. D., F. R. S., Fellow of the Royal College of Physicians, and Charles Theodore Williams, M. D., Physician to the Hospital for Consumption, Bromton. Philadelphia: Henry C. Lea. 1872.

To any one who desires to study the subject of consumption in all its bearings, this treatise is invaluable. It is the work of men of great observation and sound judgment. The Pathology of Phthisis is particularly full.

**ON THE TREATMENT OF PULMONARY CONSUMPTION BY HYGIENE, CLIMATE, AND MEDICINE, IN ITS CONNECTION WITH MODERN DOCTRINES.** By James Henry Bennett, M. D., Member of the Royal College of Physicians, London, etc. Second edition. D. Appleton & Co. 1872.

**NEURALGIA AND THE DISEASES THAT RESEMBLE IT.** By Francis E. Amstie, M. D., (Land), Fellow of the Royal College of Physicians, etc. D. Appleton & Co. 1872.

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By Thomas King Chambers, M. D. Henry C. Lea. 1871.

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## Editorial.

IN conformity with a custom we approve of, this is issued as a *Student's Number*, although we hope that those who, in a technical sense, are not students, will derive profit and interest from its perusal.

INDIANA MEDICAL COLLEGE, THIRD ANNUAL COMMENCEMENT EXERCISES.—The Indiana Medical College had the exercises of the Third Commencement, Thursday, February 29th, in the Masonic Hall, Indianapolis. The usual formalities accompanied the delivery of the diplomas. There were twenty graduates, a list of whose names is appended :

R. W. Cavens, H. A. Cassel, A. Cullison, H. Davenport, J. H. Ely, T. Hunt, Henry Ford, A. A. Hamilton, J. K. Julian, C. H. Kirkoff, J. B. Lasley, W. V. McMahon, W. A. McCoy, — McKee, J. A. Osborne, Henry Petre, L. Prater, J. F. Parks, J. A. Pinson, T. J. Smith, G. B. Smith, A. B. Strode, W. H. Scramling, Alpheus Toms, S. A. Troy, W. W. Wilt.

Dr. George W. Mears, President of the Board of Trustees, addressed the class, after which Professor Cyrus Nutt, of Bloomington, gave them words of encouragement and advice. The class valedictory, by C. H. Kirkoff, and the valedictory address of Professor L. D. Waterman, are given in full in this number of the journal. Everything seems calculated to encourage the Faculty

of the school to perseverance and renewed diligence in the prosecution of their work, the gloom of uncertainty has been dispelled, and something like a firm foundation been reached. The school is a success, and its name in the State is more than ever felt and acknowledged.

NOTHING is more desirable to the physician than a convenient form in which to administer his remedies; not only does it please the patient, but, indeed, in nearly all cases, a better result is obtained, simply from smallness of bulk and portability of the medicines. The effect upon the mind of the patient has something to do with this effect; but apart from that, the stomach will accept and the system tolerate substances that otherwise prepared, or in a crude condition, would be rejected, or produce injurious results.

The house of W. Warner & Co., Philadelphia, give to the profession pills, granules, elixirs, etc., that appear to be unexceptionable, and withal nearly as cheap as the articles are generally purchased "in the rough."

S. C. BUSEY, M. D., and WM. LEE, M. D., editors of the *National Medical Journal*, have withdrawn from said journal because of the admittance of an article by the publishers contrary to the wishes of those gentlemen. The publishers still continue to issue it.

THE publishers, Wm. Baldwin & Co., 21 Park Row, New York, have sample copy of the *American Journal of Obstetrics* at 50 cents per copy, one-third price. This is one of the best periodicals.

THE AMERICAN STOCK JOURNAL.—We wish to call the attention of our readers to this, the oldest and most widely circulated journal of its class, devoted to the Live Stock interests of the whole country. Each number is handsomely illustrated with engravings, and contains many articles of interest to every farmer and stock raiser, only \$1.00 a year. Specimen copies FREE. Address N. P. Boyer & Co., Parkesburg, Chester County, Pa.

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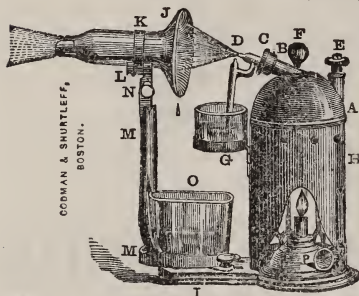
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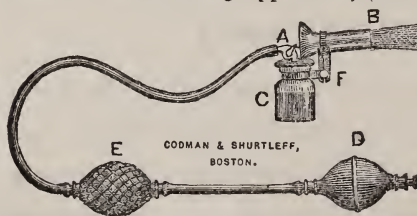
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